



CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

2013
2014

Annual Report to the
Minister of Health

Cypress Health Region

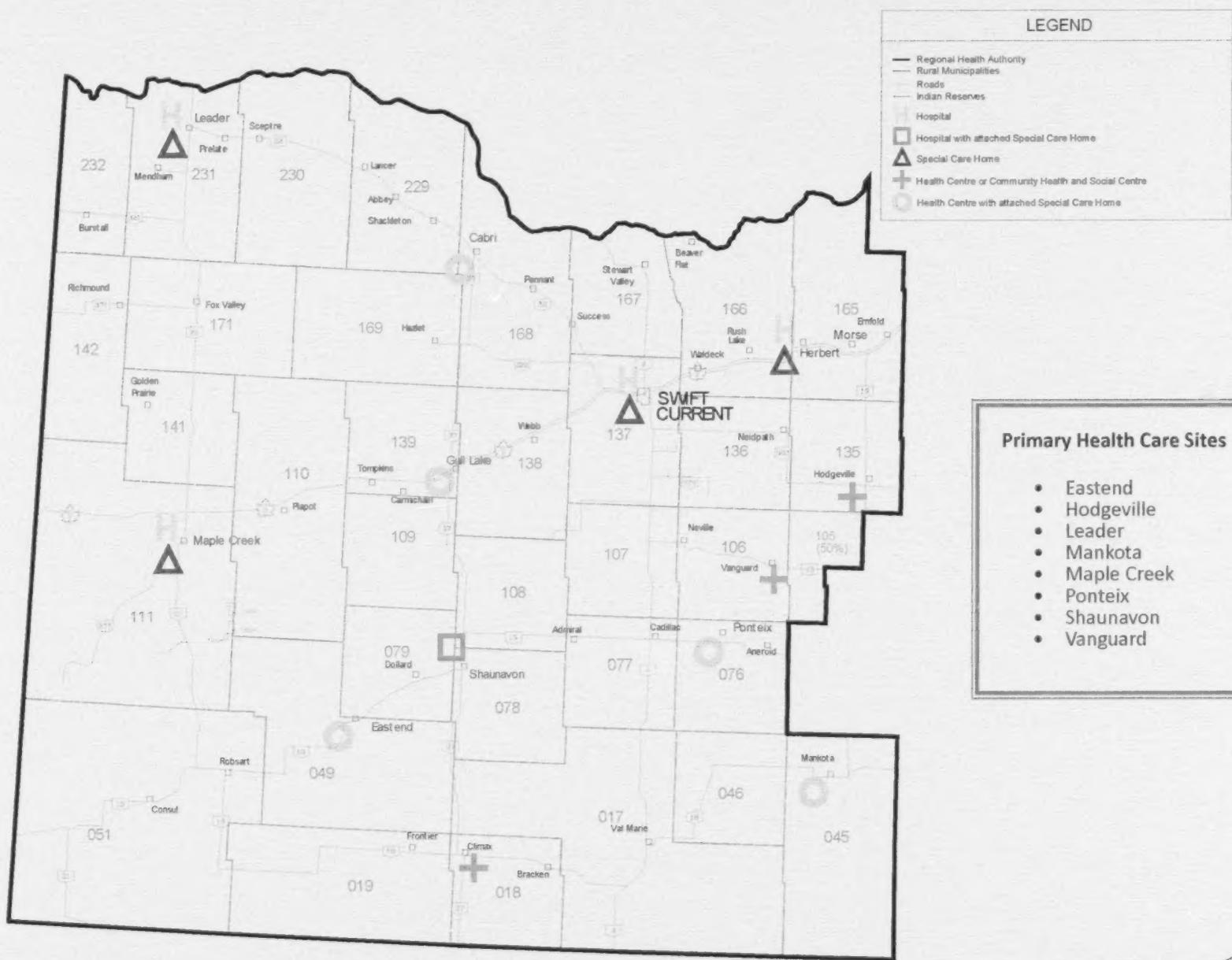


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The Cypress Health Region's
Annual Report to the Minister of Health

For the year ending March 31, 2014
can also be accessed on the region's website:
www.cypresshealth.ca/publications

Cypress Health Region

Congratulations on
meeting national
standards of excellence
in quality care and
service.



Félicitations pour avoir
atteint les normes
d'excellence nationales
en matière de qualité des
soins et des services.

LETTER OF TRANSMITTAL

2013
2014

TO: The Honourable Dustin Duncan
Minister of Health, Province of Saskatchewan

Dear Minister Duncan:

The Cypress Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2013-14 *Annual Report*. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2014.

On behalf of the members of the Cypress Regional Health Authority, I would like to acknowledge the progress and successes that our team of health providers has enjoyed over the 2013-14 fiscal year. Of note, we would like to acknowledge several accomplishments, among many others:

- Continued focus on Lean methodology to increase efficiencies and keep the focus on continuous improvement for the patient;
- Continued emphasis on the philosophies and values associated with *Patient Family Centered Care* and the benefits of engaging our patients and their families in our planning efforts;
- Continued investment into alternate models of care that will promote sustainability of services and better access to primary health care – the implementation of the Collaborative Emergency Centre model in Shaunavon has proven to be a benefit to the residents of the community and surrounding areas;
- Continued partnerships and investments in updates to technology and services – new computed tomography equipment, expansion of renal dialysis program, new simulation laboratory; and,
- Continued investments in capital project infrastructure - construction of the Southwest Integrated Healthcare Facility in Maple Creek, planning for long term care bed replacement in Swift Current.

The contributions of our staff and physicians are essential to the successes achieved by the Cypress Health Region. Their ongoing commitment and dedication to quality health care and putting the patients first in everything they do is to be commended.

We appreciate the positive working relationship that exists with the Ministry of Health. Our health provider team looks forward to playing a role in the continued transformational change for the health system, and we are committed to improving access to health services that provide 'Better Health, Better Care, Better Teams, and Better Value' for our residents of southwestern Saskatchewan.

Respectfully submitted,



Tyler Bragg
Chairperson,
Cypress Regional Health Authority



The Cypress Regional Health Authority (RHA) was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. The Cypress RHA assumed operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date. Cypress RHA is one of 12 Regional Health Authorities that exist within the province and is located in the southwest corner of Saskatchewan. For most purposes the organization uses 'Cypress Health Region' as its operating name and refers to the governing board as the 'Regional Health Authority'.

The Annual Report to the Minister of Health presents the Cypress Regional Health Authority's activities and results for the fiscal year ending March 31, 2014. It reports on public commitments made and other key accomplishments of the RHA. As per *The Regional Health Services Act*, the preparation of an annual report is a legislated requirement of all regional health authorities in the province.

Results are provided on the publicly committed strategies, actions, and performance measures identified in the Cypress Health Region's strategic plan. This report also demonstrates progress made on RHA commitments.

The Cypress Health Region utilizes a variety of daily, weekly, monthly, quarterly, and annual reporting strategies and tools to monitor the performance measures and quality indicators that are an essential part of the strategic direction. These tools include the *Ministry of Health Plan for 2013-14*, the related 5 year provincial health system priorities, and the overarching 'Better' outcomes that are enduring over time; Regional Hoshin Kanri breakthrough initiatives and projects; weekly 'Visibility Wall Walks'; and regular Senior Leadership Team/Regional Health Authority discussions. This monitoring of the Region's performance throughout the fiscal year is based on the most recently available data and information. The Region has fully embraced the Hoshin Kanri strategic planning process.

The 2013-14 Annual Report provides an opportunity to assess the accomplishments, results, lessons learned, and the identification of how to build on past successes for the benefit of the residents within the geographic boundaries of the Cypress Health Region.

Saskatchewan

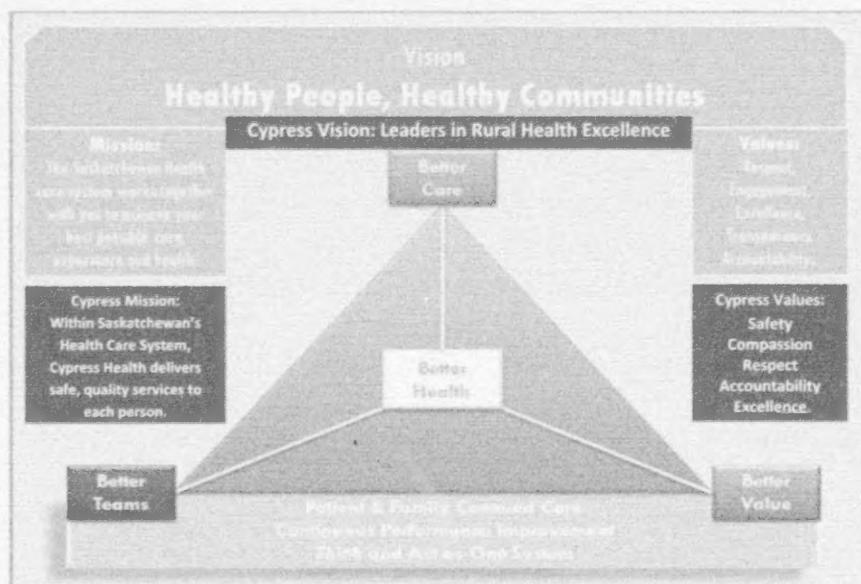


The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determining provincial health service priorities, and allocating resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of the health services it provides within its geographical boundaries.

During the 2013-14 fiscal year, the Cypress Health Region focused its collective efforts towards the four 'Better' that are a key element of the provincial system-wide strategic planning and deployment process. The *Ministry of Health Plan for 2013-14* outlines a vision for improving access that provides 'Better Health, Better Care, and Better Value', which focus on making improvements to the health of the population, individual care, and financial sustainability in the context of value. The fourth element of the vision is that of 'Better Teams' which is intended to strengthen the healthcare workforce to enable the changes required to improve the three other aims.

An *Accountability Document* between each RHA and the Ministry of Health further specifies the organizational program and service expectations and links expectation with funding. It complements existing legislation, regulations, contracts, and ministerial directives and policies.

Hoshin Kanri and the Lean Management System are powerful tools for setting targets and reaching goals and have become key elements of the Cypress Health Region's daily operations. *Hoshin Kanri* is a newly adopted model to strategic planning prioritization and involves continued engagement of staff at all levels of each health region and the Ministry of Health. It



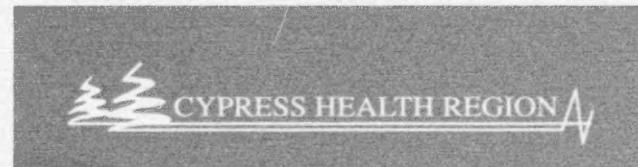
provides the opportunity to collectively determine the system's strategic priorities and determine how the desired results will be achieved. The Region is a partner with the Ministry of Health in the *Hoshin Kanri* and Lean Management System strategies for improvement. For more information on the Ministry of Health's strategic direction one can visit www.health.gov.sk.ca/strategic-direction or the Cypress Health Region's *Hoshin Kanri* page at www.cypresshealth.ca/hoshinkanri.

The Cypress Health Region continues to align itself as an essential partner in the delivery of health care services in the province of Saskatchewan. As such, our priorities are closely aligned to the Provincial Health System Plan.

The strategic focus of the Region was adjusted for the 2013-14 fiscal year to mirror the Ministry's priorities as outlined in the *Ministry of Health Plan for 2013-14*:

Four Betters

- Better Health – improve population health through health promotion, protection and disease prevention; collaborating with communities and different government organizations to close the health disparity gap.
- Better Care – in partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve healthcare safety.
- Better Value – achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.
- Better Teams – build safe, supportive, and quality workplaces that support patient- and family-centred care and collaborative practices; develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.



OUR VISION
Leaders in Rural Health Excellence

OUR MISSION
Within Saskatchewan's health care system, Cypress Health delivers safe, quality services to each person.

OUR VALUES

SAFETY - assessing all situations for risk and acting accordingly.

COMPASSION - behaving towards another person as if their entire experience to this moment is your own.

RESPECT - treating others the way you would prefer to be treated - kindly, courteously, tactfully.

ACCOUNTABILITY - assumption of responsibility for actions. It is not only what we do, but also what we do not do.

EXCELLENCE - continually striving to do our best in every situation.

Breakthrough Initiatives

During the provincial strategic planning processes, health care system leaders identified three main areas in which they identified as wanting to see a major breakthrough in improvement. They are referred to as *Hoshins* in the *Hoshin Kanri* approach. The successful implementation of these initiatives is anticipated to facilitate the achievement of the prioritized five-year improvement targets.

- Transforming the patient experience through sooner, safer, smarter **Surgical Care**;
- Improve access and connectivity in **Primary Health Care** innovation sites and use early learnings to build foundational components for spread across the province;
- Focus on **Patient and Staff Safety** and emphasize an overall culture of safety.

Being supportive of the strategic direction set out in the provincial government's approach for health care, the Cypress RHA developed a series of strategic statements that reflect the provincial approach to continuous improvement and our commitment to health care quality for the people of southwestern Saskatchewan.

The Region's strategic direction also took into account a variety of other organizations and sources to provide guidance and direction. These included, among others:

- Ministry's supporting frameworks and documents including the 'Voice of the Customer', 'Customer Engagement and Service Delivery Expectations', and 'Patient Family Centered Care';
- the *Patient First Review*;
- Accreditation Canada, and their continuous movement for high quality standards of health care;
- Health Quality Council of Saskatchewan;
- Best Practice research and programming from high performing health organizations across the world;
- Feedback from community consultations; and
- Local customer feedback mechanisms.

As is always the case, a variety of external issues, factors, trends, opportunities, and challenges are taken into account when exploring options for program and service delivery:

- **Continued emphasis on 'putting the patient first'** – best practice consideration of Patient Family Centered Care approaches in everyday activities and planning exercises, relationship building, engagement with patients and their families;
- **Rapid pace of emphasizing the necessity to constantly explore opportunities for quality improvement activities and means of finding efficiencies** – Lean, Patient Family Centered Care, Accelerating Excellence, Institute of Health Improvement's Perinatal Collaborative, provincial Shared Services processes, ongoing emphasis on the Cypress Health Employee Staffing Strategies (CHESS) program, among others;
- **Culture of safety** – strategy development to maintain current technology and best practices to keep our staff and patients safe, ongoing participation in the *Canadian Patient Safety Institute* and *Safer Healthcare Now* initiatives which are accepted as reputable best practices in the country, and public awareness events including the Safety Expo which was held in October 2013 and welcomed close to 600 visitors that included patients, students, and staff.
- **Continued implementation of the 'Community Planning/Needs Assessment Process' in rural communities** – initial projects in the communities of Ponteix and Cabri have resulted in a series of prioritized health needs which have been identified by community members and Health Region facilitators;
- **Continual depopulation of our rural areas**, especially amongst our younger to middle-aged population groups as we continue to find challenges with appropriate and sufficient numbers of staffing availability;

- **The dependency ratio within Cypress** (that is, the proportion of individuals over the age of 65 and under the age of 20) is higher than the Saskatchewan and Canadian ratio.
- **Exploration of other health care model options** such as the Collaborative Emergency Centre (CEC) concept and the Universal Care Worker staffing platform. The Shaunavon Hospital and Care Centre adopted the CEC model in November 2013, becoming the second CEC in the province.
- **Continued emphasis on the recruitment of physicians** in conjunction with local community physician recruitment committees, the College of Physicians and Surgeons of Saskatchewan, and the Physician Recruitment Agency of Saskatchewan;
- **Trending shortages of health care professionals available in rural areas** – may have to consider alternate care delivery processes in lieu of registered nursing coverage or availability of general practitioner on-call services; associated ongoing expectations for the provision of a full array of health services in lieu of these shortages.
 - Challenge of registered nursing retirements – 70 of 286 (24.5%) current RNs will meet the ‘rule of 80’ (i.e. age plus years of service to equal 80, for pension plan eligibility criteria) and could retire by March 31, 2017. Cypress Health is among the highest percentages in the province. As of March 31, 2014, 46 of these RNs have already met retirement eligibility criteria.
 - Development of multi-disciplinary teams in communities, which allows for staffing pattern flexibilities. For example, the region is working to expand on the initial successes seen in the ‘EMS Paramedicine Project’ where members of the emergency medical services staffing assist home care with responsibilities and tasks in patients’ homes.
 - Potential utilization of technological advancements to assist in ‘pushing’ services to the patient versus ‘pulling’ patients to the service (ex: psychiatry Telehealth).



NEW MODELS OF CARE - COLLABORATIVE EMERGENCY CENTRE

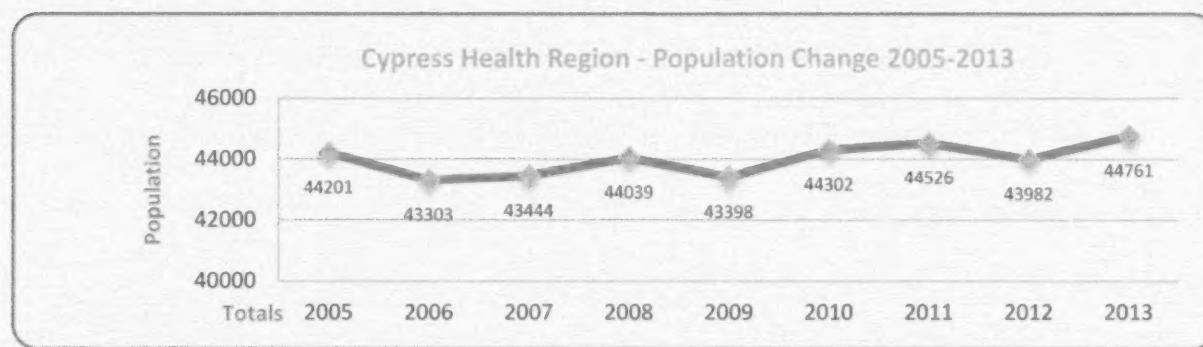
The Shaunavon Hospital and Care Centre opened its doors as a Collaborative Emergency Centre on November 1, 2013, becoming the second facility in Saskatchewan to introduce the model. CECs offer consistent, predictable access to health services.

Along with the many challenges that health care is associated with, there are many opportunities that Cypress Health wishes to take full advantage of. The Health Region is working hard to create a quality working environment for our health care team and, equally as important, we are seeking out new ways to share our expertise and knowledge with patients so that they can make the most of their health and well-being.

Cypress Health will continue to dedicate the resources available to us towards the attainment of our strategic vision statement – *‘Leaders in Rural Health Excellence’*.

As a vital partner with the provincial government and the Ministry of Health, the Cypress Health Region provides health services to nearly 80 rural and urban municipalities in the geographically diverse southwest corner of Saskatchewan. The Region stretches from the South Saskatchewan River (its northern border) to the United States of America (southern border) to Alberta (western border) and east until the Morse/Mankota area. The Cypress RHA has a current population of 44,761 residents (as per the Ministry's *Covered Population Report* dated June 30, 2013 – see Appendix 'C' for website information) spread over a land mass of approximately 44,000 square kilometers. The Region has a diverse population including 31 Hutterite communities (approximately 50% of all Hutterite communities in the province) and one First Nations community. Nearly 6% of the Health Region's population is comprised of the Hutterian culture.

The largest communities in the region are comprised of Swift Current (17,681), Maple Creek (3,178), Shaunavon (2,433), Gull Lake (1,397), Leader (1,130), and Herbert (948).



Source: Health Information Solutions Centre, Saskatchewan Ministry of Health, Covered Population

Services

As of March 31, 2014 Cypress Health employed approximately 1,700 staff members who provide a wide variety of facility-based and community-based programs and services in our 20 facilities, communities, and individual's homes. The regional office is located in the city of Swift Current which is also home to the Cypress Health Region's only specialized Regional Hospital.

Services provided throughout the Region include: acute care (1 Regional Hospital and 4 Community Hospitals), specialized acute care services (Regional Hospital offers renal dialysis, community oncology, computed tomography, surgery, intensive care, obstetrical, etc.), health centres, primary health care sites, long term care (10 communities with facilities), emergency medical services (23 ambulances in 12 ambulance sites), home care, chronic disease management, mental health and addictions, and

population health. Community health services are provided via community facility locations and other buildings. The Region's website (www.cypresshealth.ca) includes more information on the services provided at each facility.

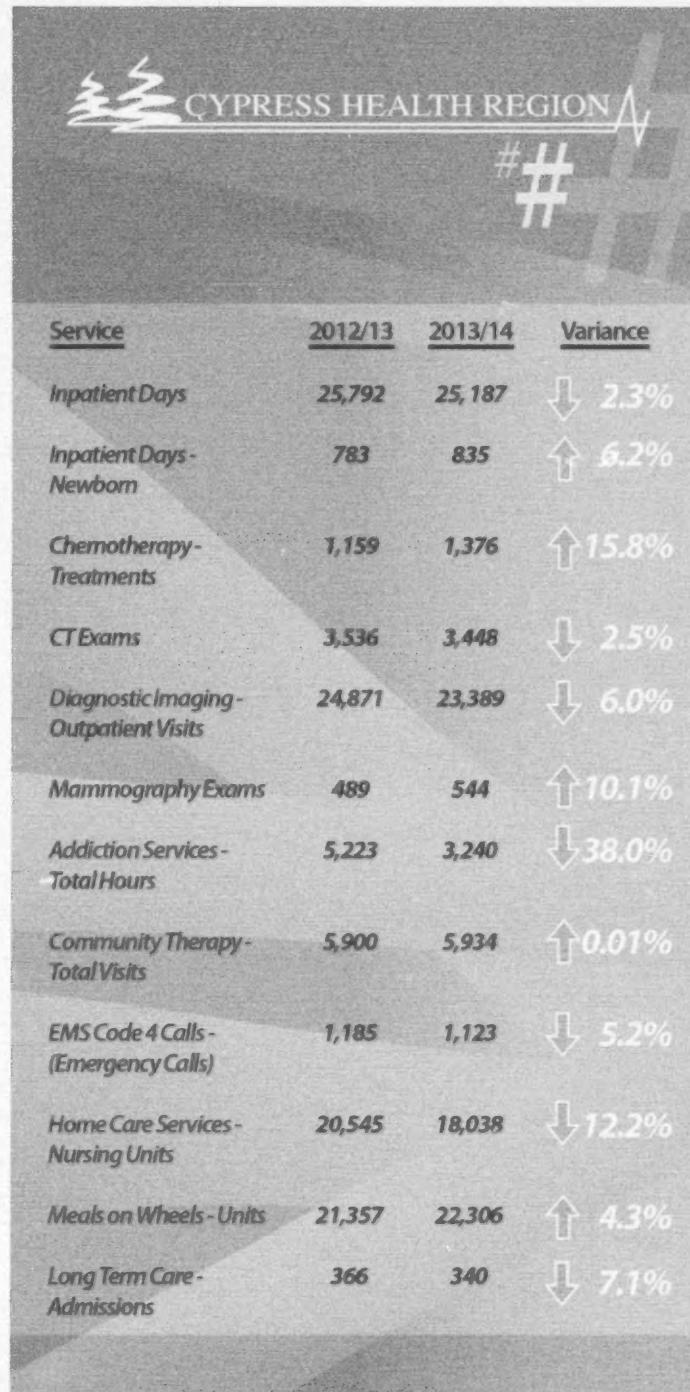
On the right is a sampling of service volumes provided in 2013-14 in the Cypress Health Region.

Partners and Health Care Organizations

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver programs and services to residents of our Health Region. *The Regional Health Services Act* defines a 'health care organization' (HCO) as:

- A prescribed organization that receives funding from a RHA to provide health services; or,
- An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received through the Health Region. HCOs are required to submit audited financial statements and statistical information to the Health Region.



These relationships include:

- *Foyer St. Joseph* – affiliate organization; provider of long term care services in the community of Ponteix and are physically integrated with the Region-owned Ponteix Health Centre facility.
- *Private Ambulance Service Operators* – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix, and Val Marie.
- *McKerracher Support Services Inc.* – provider of independent living services for individuals suffering from a long-term mental illness.
- *Canadian Mental Health Association* – provider of day programming for individuals suffering from long-term psychiatric disorders.

The Health Region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the Health Region. In addition, monthly program meetings are held between representatives of the organizations and Health Region where joint client case planning is coordinated.

The Dr. Noble Irwin Regional Healthcare Foundation is a key partner with the Cypress Regional Health Authority. The Foundation is an independent organization that is managed and governed by a separate management and governance team, and serves as the primary fundraiser for the Region. It works in conjunction with individual and community-based donors to raise and invest funds in capital and educational initiatives that enhance health care services in the southwest corner of the province. Regular discussions are held between the management teams of the Foundation and the Region to coordinate initiatives that meet the strategic directions of both entities. As well, members of the respective Boards meet to ensure that the governance issues are maintained.



RADIOTHON - DR. NOBLE IRWIN HEALTH FOUNDATION

On October 3 and 4, 2013, the Dr. Noble Irwin Regional Healthcare Foundation held their 5th Annual *Your Family's Health Radiothon*. The 30 hour broadcast raised more than \$144,000 towards the new CT Scanner at the Cypress Regional Hospital. Thank you to the Foundation!

Additional information regarding the Foundation's partnership with the Region, its successes and initiatives, and ongoing projects can be found by visiting their website at www.dirirwinfoundation.com/.

The Southwest Healthcare Trust was established to inspire donors and mobilize the southwest community and public at large to materially and financially support the Southwest Integrated Healthcare Facility in Maple Creek. The committee is volunteer based and includes members

representing many communities in the area. The Southwest Healthcare Trust has committed to raising \$4 Million towards the new facility. More information on the fundraising efforts being made can be found at www.swhealthcaretrust.ca.

Governance

According to *The Regional Health Services Act*, there are to be no more than 12 members serving on the Cypress Regional Health Authority and they are appointed by the Lieutenant Governor in Council. These members (often referred to as 'the Board') represent the diversity of the Health Region from a mixture of rural and urban backgrounds.

As of March 31, 2014 a total of 9 members governed the Cypress Regional Health Authority. These members were announced by the Minister of Health in May 2012 along with the appointment of a Chairperson and Vice-Chairperson. The current members are:

- Tyler Bragg – Swift Current (Chairperson; Member of Executive Committee)
- Ronald Heeg – Swift Current (Vice-Chairperson; Member of Executive Committee)
- Pam Busby – Leader
- Don Lewis – Maple Creek
- Lyle Quintin – Swift Current (Member of Executive Committee)
- Judy Smith – Mankota
- Larry Stephens – Swift Current (Member of Executive Committee)
- Brian Whiteside – Swift Current
- Terry Wilson – Swift Current

* Rhonda Undseth resigned from the Board of Directors on October 22, 2013

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the Regional Health Authorities work in conjunction to ensure coordinated province-wide planning for the health system.



Back Row (l to r): Lyle Quintin, Don Lewis, Tyler Bragg (Chairperson), Brian Whiteside
Front Row (l to r): Ron Heeg (Vice-Chairperson), Judy Smith, Terry Wilson, Larry Stephens, Pam Busby

The RHA is responsible for the planning, organization, delivery, and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation, and reporting of performance indicators; and,
- Monitoring the management and performance of the Authority and Chief Executive Officer.

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority will utilize ad hoc committees, whose membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Leadership Team (when required) to deal with specific issues.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other committees including (but not limited to) the Governance Quality Team, other quality teams, Ethics Committee, Community Leadership Networks and similar groups, provincial Governance Committee, capital project planning, and others that arise on an ad hoc basis.

Board members report to their colleagues at regular monthly Board meetings regarding their participation in, and activities of, the committees.

Cypress RHA board meeting minutes and scheduled meeting dates are displayed on the Cypress Health Region's website for public access at <http://www.cypresshealth.ca/page.php?id=158>. This is another step taken to offer transparency to stakeholders of the Cypress Health Region.

Community Consultations

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the Health Region. These opportunities to consult with the 'community' provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

In the past, a series of five geographically-established Community Leadership Networks was established. These networks were comprised of representatives from the 80 municipal councils within the Health Region's boundaries. Discussions have taken place with individual and collective groups of municipal councils from each of the Networks – however, there have been no 'formal' complete Network meetings scheduled during the 2013-14 fiscal year.

Targeted discussions will occur at scheduled Network meetings during the next fiscal year that will focus on applicable issues to all of the municipal councils throughout the Region, including the exploration of alternate models of service delivery in rural areas, health professional recruitment/retention, and the strategic priorities of the Region and Ministry of Health.

Instead, the Authority has extensively and successfully utilized a more informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the Region to discuss health care concerns and issues specific to that community and surrounding area. This approach will continue into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners. A prime example of these municipal meetings have been the extensive conversations with municipal and community leaders in several communities who are experiencing temporary disruptions of services due to the unavailability of appropriate levels of professional nursing and physician on-call coverage.

During the fiscal year, there has been extensive consultation with groups of municipal councils and community champions in relation to the ongoing planning of approved and/or proposed capital projects in Maple Creek, Swift Current, and Leader.

In Maple Creek, as part of the new Southwest Integrated Healthcare Facility scheduled to open in Fall 2014, community involvement has been a cornerstone throughout the entire design process. A series of open houses at various stages of the project have welcomed community members to preview important aspects of the facility and offer their feedback.

In Swift Current, patient and family representatives have played a large role in determining the design of the new 225 bed long term care facility. Through the Lean 3P (Production, Preparation, Process) events, these reps were able to offer their insights while conceptual designs and mock-ups were being created. This process allowed the region to truly engage with long term care residents and their families on what the design needs to be to best suit their needs.

As well, the partnership established with the Chinook School Division, which has very similar geographical boundaries with Cypress Health, has been continued and enhanced with joint discussions and ventures on specific issues.

Other consultative processes that are being utilized include discussions at Regional Intersectoral Committee meetings, Southwest Municipal Government Forums, Chambers of Commerce, education and community stakeholder groups, and former health district-related advisory and trust committees. Specific examples include Emergency Medical Services staff relationships with Emergency Measures Organizations (EMO) across the Region, development of Community Action Teams to engage

communities in the Population Health Promotion Strategy and the Southwest Drug Strategy Committee, Southwest Youth Council, and primary health care staff interactions with communities.

The Health Region has engaged in the Community Planning Process (CPP) in a number of its communities. The process assists communities in creating a vision of what they want to achieve in the next three years, identify health needs of the community, prioritize the identified health needs, and participate in addressing the priority health needs. The Community Planning Process focuses on the Determinants of Health. As of March 31, 2014 the communities of Ponteix and Cabri have been involved with the Region in CPPs. Summary reports have been developed and are available on the Health Region's website at www.cypresshealth.ca/page.php?id=198.

The Region's emphasis on developing and incorporating the philosophies of Patient & Family Centered Care (PFCC) have resulted in a greater involvement of patient/family representatives on many planning committees and discussion meetings. The ability to have viewpoints presented from the perspective of the patient is paramount to the ongoing success of the Region's program and service delivery. As of March 31, 2014 the Cypress Health Region has 58 registered PFCC representatives that have been involved in more than 40 registered projects. Some of the projects PFCC representatives have been involved with include: rapid process improvement workshops, 3P stop the line education events, failure mode and effect analyses for programs such as midwifery, Hoshin Kanri planning days, and direct involvement at department planning meetings.

"Participating in projects shows the public that the health region cares about them by providing them with as much information as possible."

-PFCC Representative

Emerging Health Issues

Emerging health challenges can happen at any location within the Health Region, the province, nationally, or internationally. In conjunction with the Ministry of Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

The ever-increasing emphasis directed to **chronic disease management** will continue to play a role in our program and service delivery into the future. The incidence of diabetes, cardiac-related diseases, pulmonary infections, asthma, and other chronic diseases are increasing and strategies to combat the risk factors associated with these diseases will assist in addressing them. The Region's *Live Well with Chronic Conditions* program is directly aimed at chronic disease management and focuses caregivers' attention on those with the diseases listed above and many others. Additionally, continued partnerships with the Health Quality Council and *Safer Healthcare Now!* offer the Health Region opportunities to address this ever-growing population health concern.

The Region's '**Population Health Report**' (see Appendix 'C' for additional information regarding this resource) provides a better understanding of what the identified major health issues and challenges

are. As well, it highlights what residents can do to help optimize their own health and that of their community. Communicable diseases still circulate and chronic disease remains the highest cause of disease and death in the Region. Vigilance in prevention and control of these will be enhanced to enable better health.

The presence of viruses and other illnesses in our facilities and throughout southwest Saskatchewan have had a major impact on the Health Region over the past years. The Region's expanded orientation program has a greater emphasis on the necessities for proper **infection control measures** to be practiced and what to do when faced with an infection control issue. Continued educational awareness of the necessities for proper infection control by our staff and the general public can go a long way in reducing the spread of viruses and illnesses.

During the 2013-14 fiscal year, a system-wide strategic planning and deployment process was implemented within the Saskatchewan health system. The *Ministry of Health's Plan for 2013-14* outlines a vision for improving access that provides 'Better Health, Better Care, and Better Value', which focus on making improvements to the health of the population, individual care, and financial sustainability in the context of value. The fourth element of the vision is that of 'Better Teams' which is intended to strengthen the healthcare workforce to enable the changes required to improve the three other aims.

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with clients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Teams

Build safe, supportive and quality workplaces that support client and family-centered care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

The strategic focus of the Region was adjusted for the 2013-14 fiscal year to mirror the Ministry's priorities as outlined in the *Ministry of Health Plan for 2013-14*. As the Region moves along its transformational agenda with the Ministry and the rest of the province's health system, it continues to be committed to improving access, quality and safety for the residents of southwest Saskatchewan. The transformation agenda includes a series of targets and innovations that relate to enhancing the surgical experience, enhancing the culture of patient and staff safety, and strengthening primary health care.

The following section provides information and a brief summary on the Region's key results, activities, accomplishments, and outcomes during the 2013-14 fiscal year.

Strategy: Better Health

SYSTEM HOSHIN: By March 2014, improve access and connectivity in Primary Health Care innovation sites and use early learnings to build foundational components for spread across the province.

SYSTEM 5 YEAR OUTCOME:

By 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions [diabetes, coronary artery disease (CAD), coronary obstructive pulmonary disease (COPD), depression, congestive heart failure, asthma].

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By 2017, there will be a 50% improvement in the number of people who say 'I can access my Primary Health Care team for care on my day of choice either in person, on the phone, or via other technology'.

By 2017, 80% of patients are receiving care consistent with clinical practice guidelines for six common chronic conditions (diabetes, CAD, COPD, depression, congestive heart failure, and asthma).

By March 2017, reduce by 50% individual readmissions within 30 days (mental health inpatient and acute care units).

By March 31, 2017, reduce the number of patient days of seniors occupying acute care beds awaiting community service supports by 50%.

By March 31, 2017, 100% of cases of specific communicable diseases human immunodeficiency virus (HIV), tuberculosis (TB), and sexually transmitted infections (STI) in high risk populations are managed according to provincial standards.

Cypress Health Projects/ Results:

Primary Health Care (PHC) and Chronic Disease Management (CDM) Program Delivery

The ever-increasing incidence of chronic disease is requiring it to become a priority among health care providers. Patients do not receive evidence based care (best practice standards), and they are not empowered to self-manage their chronic conditions. There is a demonstrated need for a coordinated and collaborative approach between physician/nurse practitioners and the number of professionals who work with CDM.

Due to the Leader PHC site being identified as one of the province's initial PHC Innovation Sites, it was targeted for monitoring for the 2013-14 year. The implementation of a Case Manager and PHC Counsellor will be monitored to identify efficiencies within the clinic processes, and if the physician/nurse practitioner case loads are positively impacted.

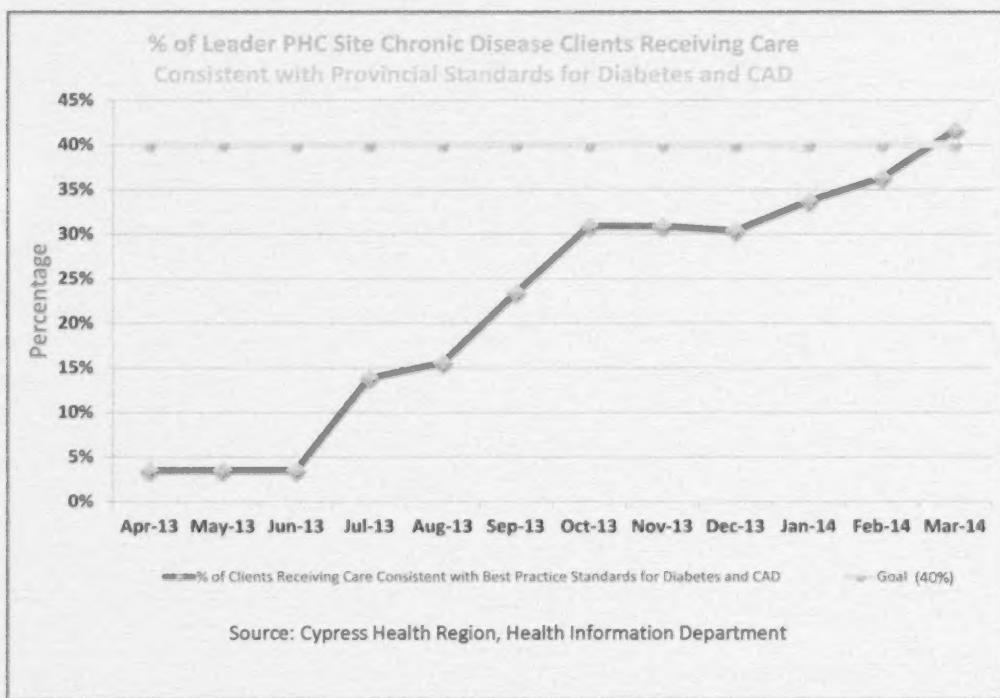
- The ***Chronic Disease Management - Quality Improvement Program (CDM-QIP)*** is a provincial initiative that will help ensure the best possible care for patients living with a chronic disease. The

program provides clinical tools to health care providers to help them follow best practices when they provide care, and collects data that gives health care providers a clear and complete picture of a patient's condition and care history. In addition to installing the software Region-wide, the Primary Health Care Team:

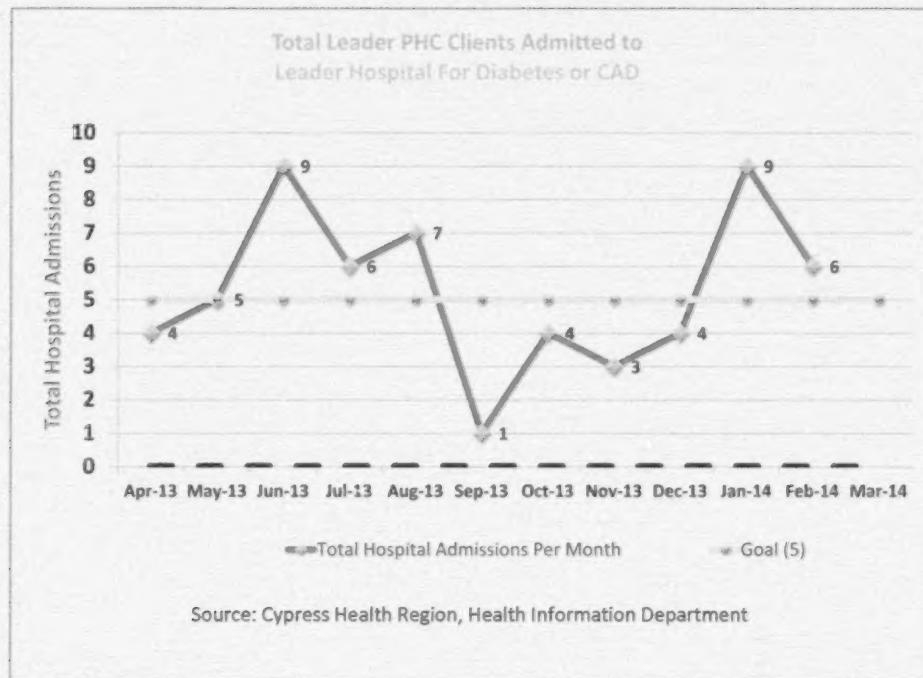
- Provided ongoing education and support to all 'formalized' PHC sites to enable them to utilize the CDM-QIP program;
- Encouraged FFS (Fee for Service) physicians to utilize identified best practice standards for CDM – to use when regional staff are working with them in their clinics;
- Coached and supported physicians and nurse practitioners to enter Chronic Disease Management patients data into CDM-QIP viewer to develop best practice care plans and monitor patients progress in managing chronic disease.

- **Leader PHC patients receiving care consistent with provincial standards for diabetes and coronary heart disease (CAD)** - following best practice guidelines can obtain optimal outcomes for patients with chronic diseases. This can be accomplished using Health Quality Council chronic disease management flowsheets. During the 2012-13 year, the Health Quality Council flowsheets for diabetes and coronary heart disease were being utilized by all Region PHC Site nurse practitioners, and ongoing education/awareness efforts were targeting the PHC Site physicians regarding the utilization of them. These flowsheets were considered as best practice guidelines from the Heart & Stroke Foundation and Canadian Diabetes Association.

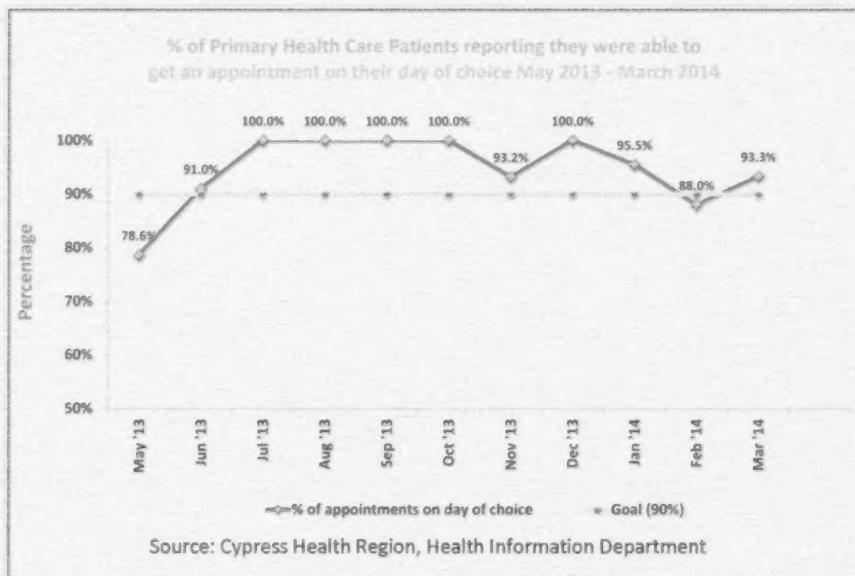
The results realized at the Leader PHC site witnessed a steady increase in the utilization of the provincial standards for diabetes and CAD care patterns.



In addition, the PHC team monitored the admissions of PHC patients with diabetes or CAD factors to the Leader Hospital, to determine if there was a reduction in hospitalizations due to the use of consistent standards for their care. Due to the early stages of the data collection and minimal number of patients observed, the data displayed an up and down flow during the year.



- **Appointment day of choice** – as part of its commitment to the 5-year outcome target of enhancing access to a primary health care provider, the Region monitored the ability of patients to access an appointment on their day of choice with a PHC team member. Due to some adjustments to scheduling processes and provider availabilities, the Region's patients witnessed success in 9 of 11 months of achieving over the target of 90%. This will continue to be a priority in the coming years to ensure that patients have access to a PHC site member.



In addition, the Region continued to monitor PHC patient access to a ‘third next available appointment’ (TNAA) for much of the year to ensure that patients were able to access a provider, regardless of whether that appointment was on their day of choice. During the 2012-13 year, the median for TNAA was 13 days. An improvement target of 50% reduction was determined for 2013-14, and as of March 2014 this median was substantially reduced to 3.6 days.

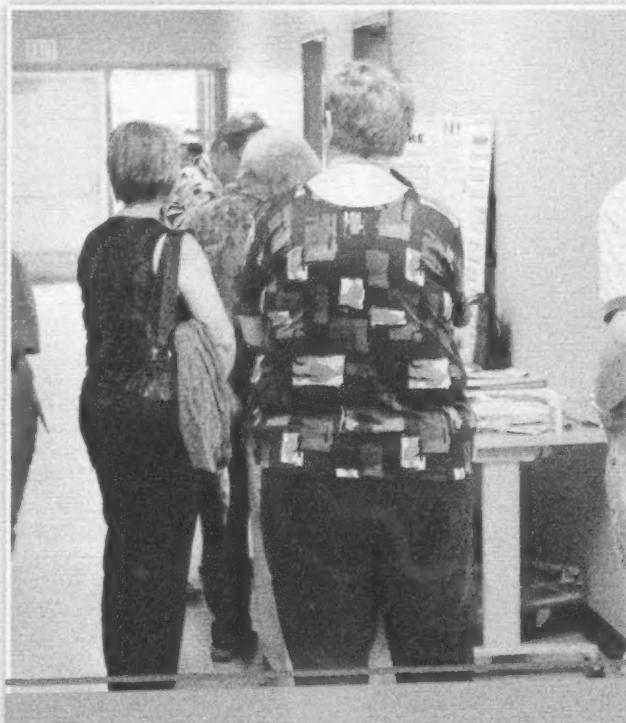
- **Reducing number of readmissions to mental health inpatient and acute care units**

- Mental Health and Addictions – readmissions to the inpatient unit have seen minimal change from past years and the unit sees a limited number, and ones that do occur are targeted with clients choosing to discharge themselves earlier than advised; Ministry-determined benchmarks for wait times to see mental health and addictions clinicians are being met without much difficulty, which was accomplished via the developed guidelines of service and improvement in standards for clinical supervision. A future objective is to develop and implement set pathways for education/information for the two largest areas of service delivery (anxiety and depression). The pathways will be developed with broad patient/family feedback built into them.
 - Cypress Health was the first in the province to implement the suicide prevention framework for mental health and addictions services, and policy/procedure development has been used as a template for others. Education roll out to internal providers with priority being emergency department and long term care staff.
 - Process mapping of mental health adult, mental health child and youth, and addictions has taken place, and has been used to assist in the development of strategies for the integration of services including intake protocols.
- Acute units – the medical/surgical department is working in conjunction with the discharge planning team to develop a checklist that ensures everything is in place for a patient to be discharged and that they have everything they need in order to stay at home safely after discharge. Examples – therapists have seen the patient and that any equipment needed is ordered or in place prior to discharge; a medication reconciliation to ensure that the patient leaves with the correct medication list and prescription.

- **Reducing number of patient days of seniors occupying acute care beds awaiting long term care placement or community service support** – the recently added Client Navigator position has been coordinating the total acute, long term care, and program bed flow throughout the Region’s facilities which has provided the opportunity for a more extensive overview of the options available for the transition of patients from acute care beds into other care areas.

- 97% achievement of surgical patients returning to Cypress Health facilities from tertiary centres within 24 hours of referral (from time of discharge) > frees up beds in tertiary centres.

- Acute care beds occupied by long term care residents waiting placement – only 10 patients were identified as those awaiting LTC placement throughout the 2013-14 year, which is a very minimal percentage when considering that there are close to 350 presentations for LTC placement to the Navigator. There has been no identified patients who are awaiting community service supports.
 - Achievements associated with the rapid response to assessments being completed by social workers and case managers, and moving forward with placements when required; Home Care Staff are dealing with more complex client cases on a regular basis.
- Public Health Nursing has created **sexually transmitted infection (STI) testing kits** for physician clinics which will include human immunodeficiency virus (HIV) testing. The intent is to make it easier for physicians to order testing.
- **Implementation of Primary Health Care and Collaborative Emergency Centre (CEC) models of care in Shaunavon** – prior year discussions and planning to implement a new model of care at the Shaunavon Hospital and Care Centre came to fruition with the launching of a new Primary Health Care clinic within the facility, which replaced two physician clinics located within the community. The clinic welcomed four family physicians and two nurse practitioners to the other PHC team members. A public information launch and tour was provided to increase the public's awareness of the new model of care and the many benefits that PHC would offer to the community and surrounding areas.
 - The CEC was officially implemented in November 2013 and became the second CEC to begin operating within the province. As part of the model, access to primary health care providers and stable emergency services was enhanced. Additional information on the programming and specifics of the CEC model of care can be found on the Region's website by visiting <http://www.cypresshealth.ca/page.php?id=249>.



PUBLIC TOURS - PRIMARY HEALTH CARE

Public were invited to attend an open house of the new Primary Health Care Clinic in the Shaunavon Hospital and Care Centre. The Clinic is part of the community's Collaborative Emergency Centre.



CELEBRATION - CEC GRAND OPENING, SHAUNAVON

The Collaborative Emergency Centre celebrated its grand opening in November 2013, becoming the second facility in the province to use this new model of care. Rural and Remote Health Minister Randy Weekes, along with Shaunavon Mayor Sharon Dickie, were in attendance.

- **Leader Primary Health Care Innovation Site** – functional programming targets were built into the new model of care for the site, and included the introduction of a PHC Registered Nurse Case Manager (works with physicians and nurse practitioner to ensure the proper flow of services and information to patients) and PHC Counsellor (provides intervention counselling services to ensure clients are seen quickly and pro-actively prior to entering the standardized community health service streams). Patient experience surveys results have exceeded the provincial average.
- **Electronic Medical Record (EMR) implementation** – at the beginning of the 2013-14 year, the desired outcome was to prepare for the initial implementation of an EMR in the two PHC sites of Leader and Maple Creek. Following those two sites, the remainder of the PHC sites would have the EMR completed in partnership with eHealth Saskatchewan's timetable and availability. However, with the Shaunavon PHC site becoming identified as the Region's second Innovation Site, the pace for EMR implementation was increased due to the many identified benefits of having it available for the PHC provider team and patient care.



WELCOMING TECHNOLOGY - ELECTRONIC MEDICAL RECORD

Staff at the Maple Creek Hospital held a celebration event upon the launch of their Electronic Medical Record secure software. EMRs are live in all 8 Primary Health Care sites within the Cypress Health Region

- All eight of the Region's Primary Health Care sites, including the two innovation sites in Leader and Shaunavon, were successfully implemented with the technology and training for the EMR system. This technology will provide many benefits with better and timelier access to care-related information for all health providers in the clinic setting. The Region was the first in the province to have the EMR implemented in all of its Primary Health Care sites.
- **Community Planning Processes (CPP)** – the Region has engaged in the CPP in two of its communities to date. The process assists communities in creating a vision of what they want to achieve in the next three years, identify health needs of the community, prioritize the identified health needs, and participate in addressing the priority health needs. The processes focus on the determinants of health. Summary reports of past discussions are available on the Region's website at www.cypresshealth.ca/page.php?id=198.
 - Ponteix – recent focus of the community group has been to have the ability to access lab services five days per week; following consultation with diagnostic imaging staff and managers, the lab hours were revised to provide a range of 4-8 hours of lab services accessible 5 days per week. They are having discussions on the renewal of lab equipment.
 - Cabri - two priority groups established to address the health needs of the community and surrounding area. The first priority group is in the planning stages of offering First Responder training to enhance emergency medical services in the community and area, while the second group continues to promote chronic disease management through healthy living initiatives and engagement of the community through social media and other media.

Strategy: Better Care

SYSTEM HOSHIN: Transform the patient experience through sooner, safer, smarter surgical care.

SYSTEM 5 YEAR OUTCOME:

By March 2017, all people have access to appropriate, safe, and timely surgical and specialty care (cancer, specialist, and diagnostics) as defined by the improvement targets.

By March 31, 2017, no patient will wait for care in the Emergency Department (ED).

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 31, 2014, all patients have the option to receive necessary surgery within three months.

By March 31, 2014, all patients with invasive cancer will have the option to receive surgery within three weeks from the time of diagnosis.

By March 31, 2017, there will be a 50% decrease in wait time for appropriate referral from primary care provider to specialist or diagnostics.

By March 31, 2015, decrease by 50% the wait times in the ED.

Cypress Health Projects/Results:

Sooner, Safer, Smarter Surgical Care

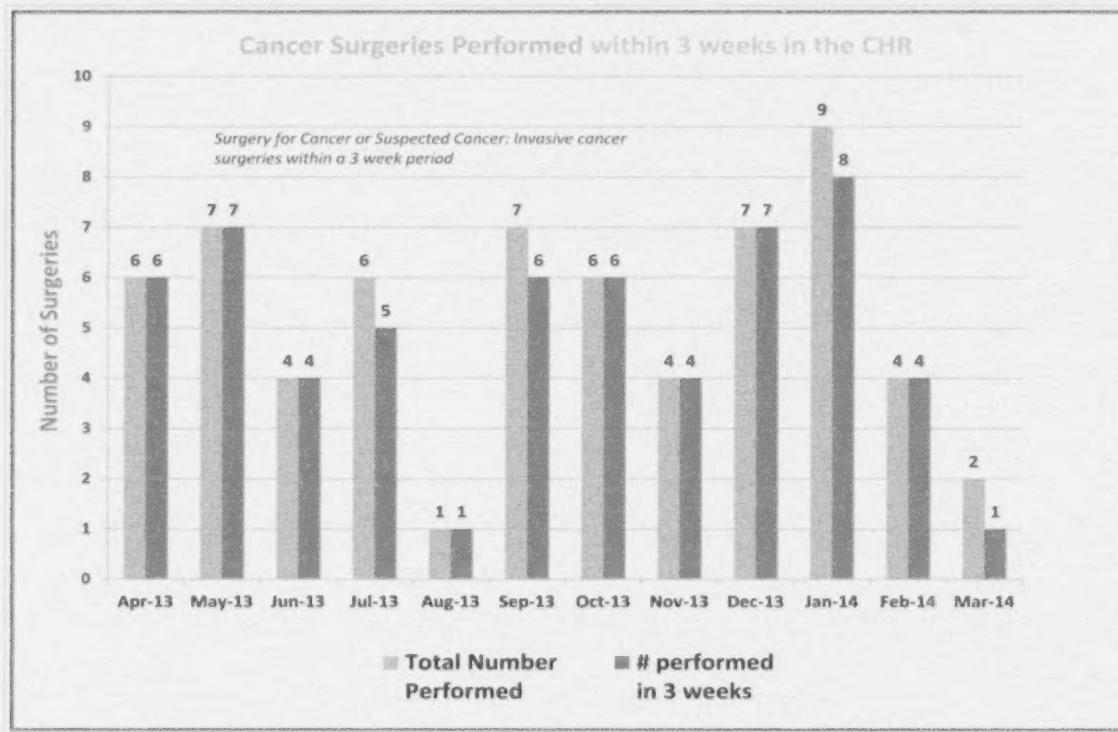
In conjunction with the Ministry of Health and other RHAs, the Cypress Health Region is continuing to explore strategies to improve the efficiency, appropriateness, and effectiveness of processes involved in the delivery of surgical services. At the end of the four year provincial Saskatchewan Surgical Initiative (SSI), major progress has been made to reach the overall objectives of the program.

As of March 31, 2014, zero patients in the Region were waiting longer than 3 months for their surgery. The Region's surgical team has been very successful in monitoring surgical wait times, and the data shows that only 3 patients have waited longer than the 3 month target since July 2013. Great efficiencies have been identified with the utilization of the operating rooms, with it increasing to 90% during 2013-14 when compared to 67-70% in 2012. This increase has been due to the re-scheduling of surgeons not fully utilizing their schedules, better scheduling of visiting professionals, and better utilization of staff time for the completion of scope procedures.



Source: Cypress Health Region, Surgical Department

During the 2013-14 year, the Region has achieved the target timeline for the completion of surgical procedures for patients diagnosed with cancer or suspected of cancer within 3 weeks, with the exception of 4 patients. In the event where the 21 day target (from booking received to surgery) is not met, a thorough review of each occurrence takes place to determine the rationale for the delay – there are a variety of reasons behind delays including patient preference of surgery date, patient health condition preventing surgery, and incomplete/unavailable pre-surgical testing.



Source: Cypress Health Region, Surgical Department

RPIW #3 was designated to 'reduce the lead time from the patient being booked into the pre-assessment clinic to the completion of the booking for surgery', as a means to identify some of the inefficiencies within the processes of the clinic. During the data collection processes, the RPIW team discovered a number of patients that did not have complete history/physical forms (67%), incomplete consents (15%), and missing information from lab or diagnostic testing (67%). Following improvements made, the pre-assessment clinic lead time was reduced by 48% and developed processes to reduce defects. The changes resulted in an increase in capacity of the pre-assessment RN by 11% and increased productivity by 11%.

- **Wait Time Reductions for Emergency Department (ED) and Diagnostics** – the Region is taking a proactive stance in regards to the 5-year improvement targets in these areas, with several metrics collecting data to gauge the existing wait times associated with ED and diagnostic testing procedures. During the 2014-15 year, data will be routinely gathered and monitored for several timelines associated with the ED process of patient registering until being seen by a physician, according to their CTAS (Canadian Triage Acuity Scale) level; the decision from time to admit a patient to the time the patient arriving at a bed (should be less than 5 hours, but initial observation and data analysis showing a timeline of 47 minutes); and times associated with declaration of Code Burgundy and associated actions taken. As well, data is being collected for the number of patients and number of days that patients wait for Level 1-4 computerized tomography (CT) and Level 1-4 ultrasound testing.

SYSTEM HOSHIN: Safety Culture – focus on patient and staff safety.

SYSTEM 5 YEAR OUTCOME:

By 2017, establish a culture of safety with a shared ownership for the elimination of defects.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 2017, develop and implement a provincial Safety Alert/Stop the Line System.

By March 2017, there will be zero patients who experience a medication defect.

By March 2017, there will be zero patients who experience a preventable surgical site infection (SSI) from clean surgeries.

Cypress Health Projects/Results:

Patient Safety

- Cypress Health is in alignment with development of a provincial system-wide Safety Alert/Stop the Line system and had the opportunity to participate in the 3P (production preparation process) event in Saskatoon in December 2013 to design the system. The region's Director of Occupational Health



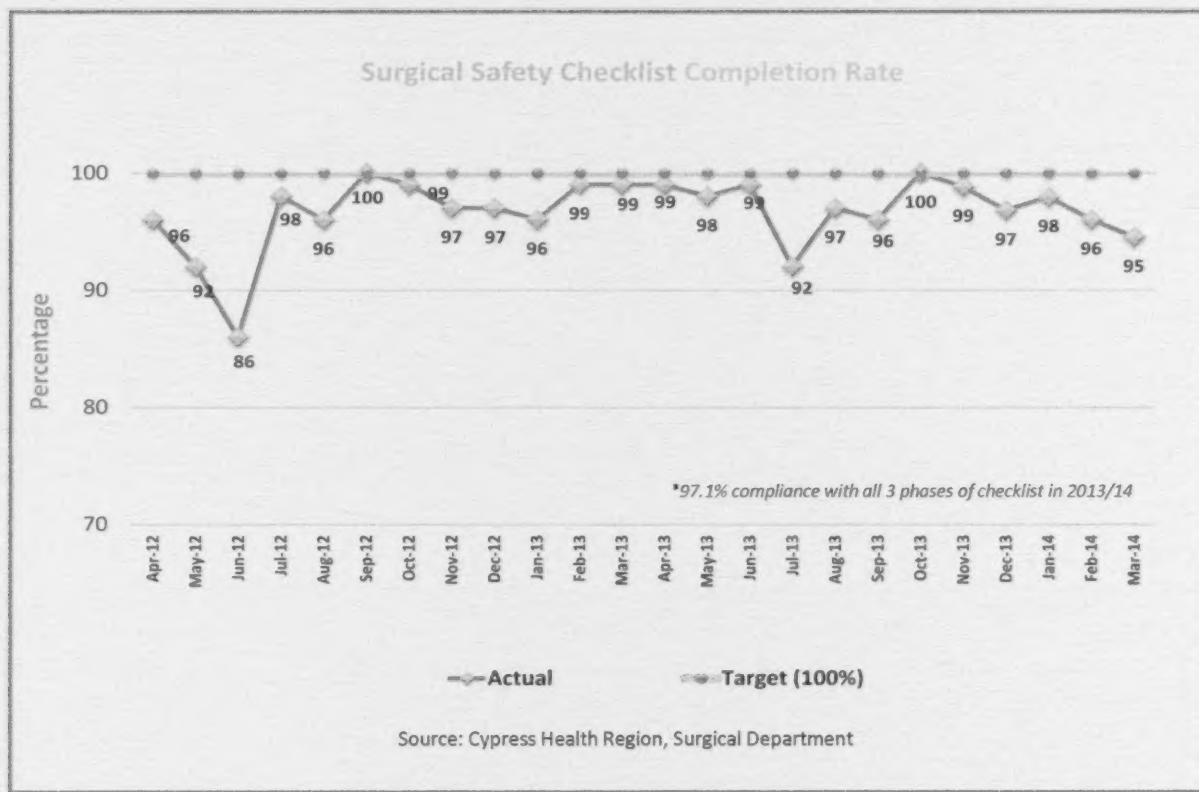
STOP! - CLEAN YOUR HANDS DAY

Members of the Cypress Health Region's Public Health Inspection Team were on-hand in facilities to educate the public on hand hygiene during STOP! Clean Your Hands Day. Portable hand washing stations allowed for public demonstrations on proper hand washing technique.

and Safety will serve as the regional lead as ongoing development and roll out occurs across the province. The Saskatoon Health Region will serve as the first region to implement these strategies.

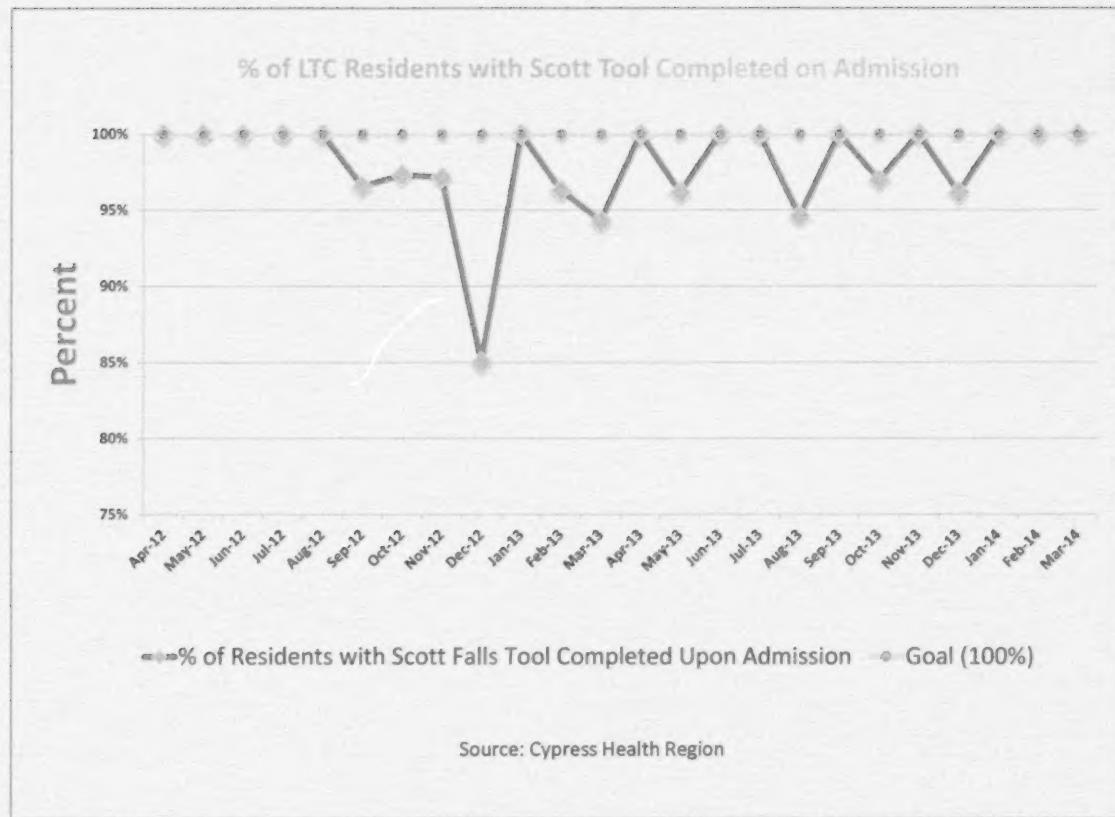
- **Medication Reconciliation** - in the 2012-13 year, the Region achieved the implementation of a formalized medication reconciliation on admission process in all five of the region's acute care facilities. The Cypress Regional Hospital in Swift Current was more advanced than the 4 community hospitals, due to having the process in place for approximately four years. This process is an important element of the Region's medication error project.
 - All five of the acute facilities are completing medication reconciliation of admissions, with moderate success (range of 72-98% achievement throughout the 2013-14 reporting periods). There is additional work to do on increasing the awareness of healthcare providers on including the over the counter (OTC) medications on the Pharmaceutical Information Program (PIP) and timely documentation/signatures on the worksheets.
 - Worksheets have been developed for the 'discharge' and 'transfer' components of the acute care process, and will be implemented prior to September 2014. This will move the Region towards the objective of implementing medication reconciliation to all steps within the acute care experience.
- **The Surgical Safety Checklist** has been implemented in the Region since 2011 and is continuing to become a standard practice in the operating theatres. Utilizing the capabilities of the O.R. Manager surgical software technology, the Region is among the only RHAs in the province to audit every surgical procedure to monitor the actual utilization of the Checklist, versus a minimum number of days or procedures that are audited per month. This ability to audit all of the procedures provides a more consistent and reliable depiction of the Checklist utilization. In addition, the Region's surgical department has made the determination to include the Surgical Assistants as a vital part of the surgical team during the Checklist items, and their presence during all three phases of the procedure is included in the overall audit per procedure. This decision has placed a further challenge on meeting the overall target of 100% achievement, but it does provided a better quality of care to surgical patients.

The graphical depiction displays that the Region's success rate is very high – achievement rates have been maintained at or above 96% of all surgical procedures for all but two months of the 2013-14 year. The achievement of compliance for all three phases for the entire fiscal year was 97.1%. However, it is acknowledged that the target is 100% compliance and efforts are continuing to emphasize adherence to the Checklist at all times with all of the surgical team members.

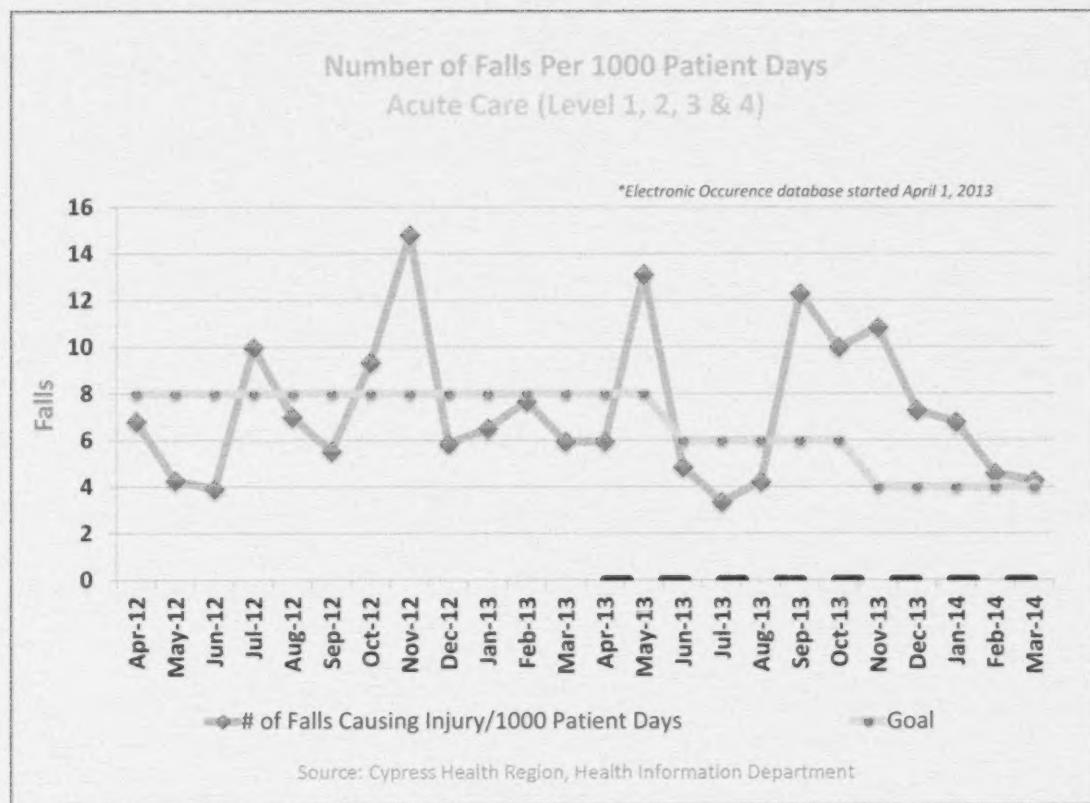


In addition to the consistent use of the Surgical Safety Checklist, the Region continues to utilize the **Surgical Site Infections Bundle** which was an initiative of the *Safer Healthcare Now!* patient safety organization. Surgical site infections are being tracked and monitored to determine where improvements can be made, via an internal partnership between surgical staff and infection control practitioners.

- **Falls Prevention** – continuing the efforts from previous years, the Region maintained the priority of reducing the incidence of falls involving long term care residents, acute care patients, and individuals within community/home care settings.
 - **Long term care** > continued strategies in relation to the use of the *Safer Healthcare Now! Falls Prevention Bundles* within all facilities, falls prevention ‘staff champions’, use of Scott’s *Fall Risk Assessment Tool* for all residents upon admission with reviews every three months or if resident’s health situation has changed; use of hip protectors; use of special anti-slip socks to prevent falls; use of bed and wheelchair alarms (Mistake Proofing project that focused in on bed alarms currently taking place); development of a post-fall checklist to ensure that a standardized list of items are reviewed for quality improvement processes.



- **Acute care** – utilizing some of the strategies used within the long term care facilities and the learnings of the '*Releasing Time to Care*' strategies, efforts were continued in acute care facilities. Examples of strategies employed included development of a MORSE Fall Risk Assessment Tool for acute care teaching package for increased awareness to staff and to monitor falls that occur; use of highly visible purple wristbands for high risk patients; use of highly visible purple ink for patient room whiteboards; creation of 'Call, Don't Fall' posters for patient rooms and waiting areas; creation of a strategies and interventions worksheet that offers various strategies for nursing staff to implement for patients identified as low, moderate, or high risk for falls; and a patient questionnaire to determine history of falling, medication use, or other health issues that would proactively identify a falling risk.



- Community/home care settings > community falls prevention program, EMS staff assisting with falls prevention education, fall risk surveys to proactively identify hazards and potential corrective measures.

Additional Cypress Health Results and Achievements:

- **Accreditation Canada Surveyor Visit** – in October 2013, the Region welcomed eight representatives from Accreditation Canada to review the processes targeting quality improvement and patient/staff safety. Following the week-long survey, the surveyors identified a number of strengths including the Region's commitment to lean management and Hoshin Kanri strategic planning processes, mobile health services, capital project planning and use of 3P events for the Swift Current long term care project, safety huddles, and the involvement of patient/family representatives. As well, opportunities for improvement suggested better utilization of population health data to better inform decision-making, consistent standard practices, and continued efforts towards medication reconciliation. The Region did receive a status of 'accreditation with report' from Accreditation Canada, due to its level of attainment of over 2,200 standards of care.

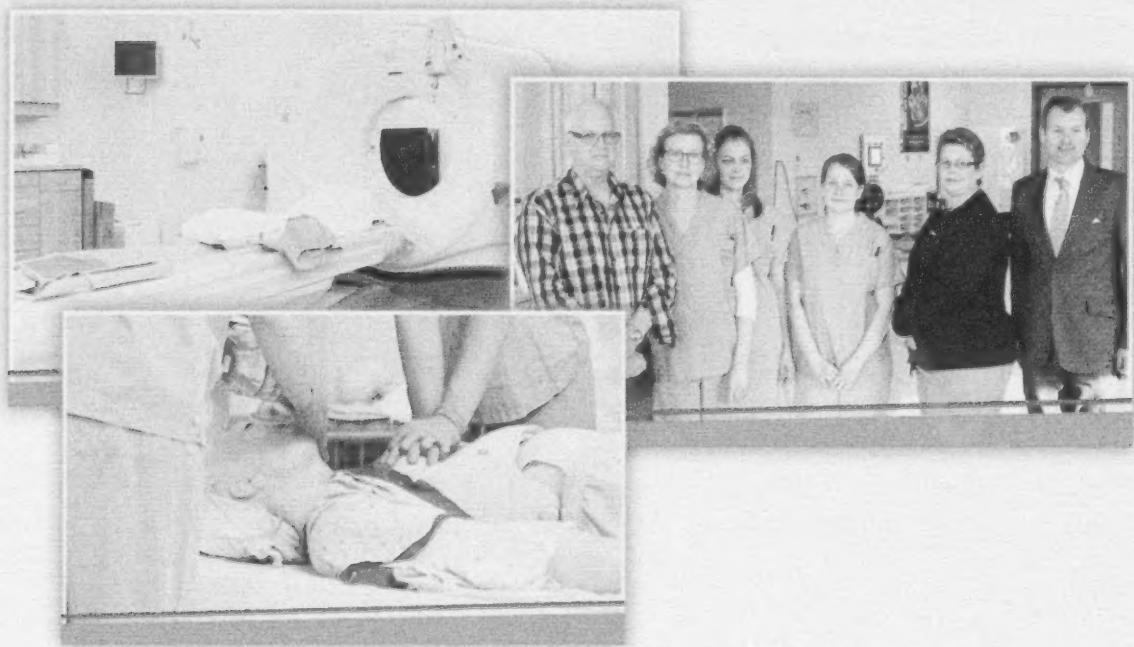
- **Regional Hospital Laboratory Accreditation** – the Region's laboratory processes were reviewed and received accreditation status following the review process. Significant achievement was noted in relation to the development of policies, procedures, and formal standards of practice.
- **Long Term Care Urgent Issues Action Fund** – with the Ministry's October 2013 announcement of funding directed towards addressing priority issues in long term care facilities, the Region developed a plan including the identification of priorities for a funding proposal. A number of issues and priorities were identified during a spring/summer tour of the Region's long term care facilities by the Chief Executive Officer and Executive Director of Health Services.
 - Approximately \$580,000 was received by the Region from the Action Fund which was directed towards providing staff with educational programming in gerontology, renovations to improve the physical environment within the facilities, implementing electronic charting systems to increase the amount of time available to provide hands-on care, creating a recreation activities toolbox for residents which can be delivered by various care providers, and increase staff by 3.42 FTEs to enhance recreation activities, improve bathing experiences, and enhance geriatric care expertise/knowledge of long term care staff.
 - Resident/Family Councils were enhanced or re-established in all Region LTC facilities.

INVESTING IN TECHNOLOGICAL ADVANCEMENTS

Top left - New CT Scanner at the Cypress Regional Hospital

Middle right - Hemodialysis Expansion Announcement with Minister of Health Dustin Duncan

Bottom left - Medical Students Practice Skills on a Mannequin in the Lee/Irwin Simulation Lab



Strategy: Better Value

SYSTEM HOSHIN:

SYSTEM 5 YEAR OUTCOME:

By March 31, 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5%.

By March 31, 2017, all IT, equipment and infrastructure will be coordinated through provincial planning processes to ensure provincial strategic priorities are met.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 2015, shared services will improve quality while achieving \$100 million in accumulated savings.

By March 2014, eHealth and 3sHealth will work in partnership with key stakeholders to develop a strategy to integrate Information Technology (IT)/Information Management (IM) services throughout the health system.

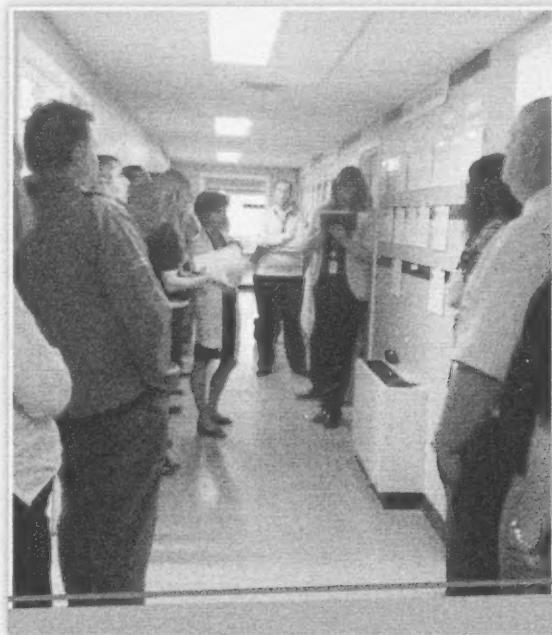
By March 31, 2017, all key infrastructures (IT, capital, facility renewal) will be coordinated, integrated and delivered on a provincial basis.

Cypress Health Projects/Results:

- **Progressing in Continuous Quality Improvement** – the Region is fully supportive of efforts and initiatives that promote continuous improvement and enhance safety for our patients and staff members. The introduction of Lean has been well-received and its customer-focused approach puts the needs of the patient at the forefront and aligns very appropriately with our primary strategic objective. Lean strategies and processes have the ability to improve the work life of our staff and increase their ability to provide their valued input into day to day processes.
 - Lean Leader certification – a total of 23 Cypress Health representatives are currently participating in the Lean Leadership program and are in varying stages of their certification process. The initial graduates of the certification program are anticipated to be recognized in June 2014.
 - During the 2013-14 fiscal year, a total of 31 Lean events hosted with 494 participants – 7 Kaizen Basics courses (149 participants), 4 Rapid Process Improvement Workshops (66 participants), 11 x 5S events (91 participants), 1 x 3P event (88 participants), 8 Daily Visual Management workshops (77 participants), 23 members involved in Lean Leadership certification.

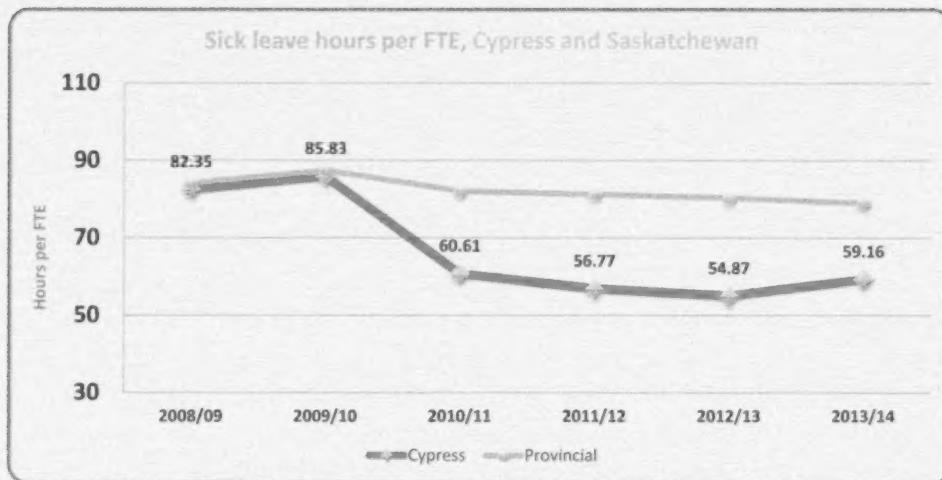
- 'Mistake proofing projects' as part of the Lean Leadership North American Tour responsibilities – reducing bath tub burn incidents in long term care, medication error prevention on medical/surgical department, recognizing and reporting urinary tract infections in long term care, and eliminating defects in the utilization of bed alarms in long term care.
- Implementation of Cypress Health Visibility Wall with standardized schedule of reviews and huddles between a variety of committees/departments/members of the Cypress Regional Health Authority, Senior Leadership Team, Regional Operational Committee, Practitioners Advisory Committee, Kaizen Promotion Office staff, patient family representatives, etc.
- Implementation of Visibility Walls in regional facilities, offices, and departments – regular scheduled huddles for managers and staff to review the strategic priorities, facility and department-specific priorities, and other information.
- Variety of Value Stream Mapping exercises for surgical streams, long term care, and various departmental processes.

- **Hours of Sick Time per FTE** – The Cypress Health Region received a target of 60 sick hours per FTE (full time equivalent) for the 2013-14 fiscal year. Continuing the trend that it has set over the past several years, the Region's staff and physician support was able to set the provincial benchmark with a 59.16 sick leave hours per FTE. This rate is well below the provincial average of 78.90 sick hours per FTE. The Region and its staff have reduced the number of sick time hour utilization by 31% since 2009/10, which has had positive implications for maintaining a healthy workforce and providing a consistent staff presence for patient/resident care.



MONITORING PROGRESS - WALL WALK

Cypress Health Region's Senior Leadership Team and Regional Operations Committee regularly participate in wall walks to monitor progress of the region's strategies and initiatives for the year.

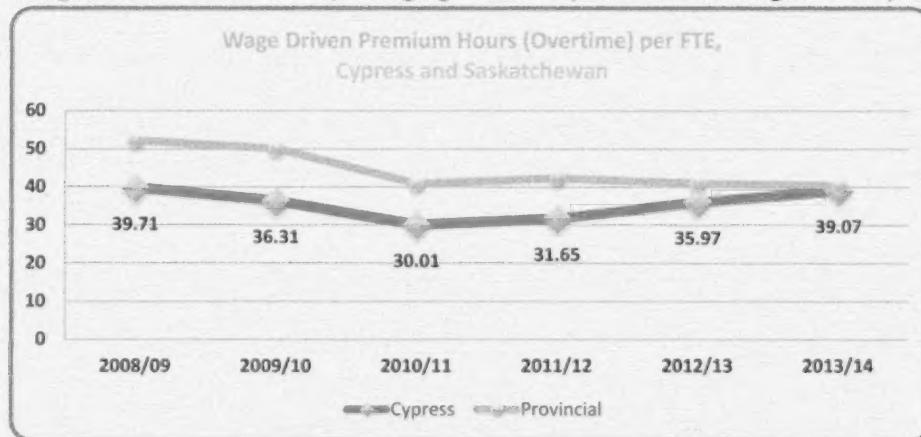


Source: Saskatchewan Ministry of Health, Dashboard Measures, 2013-14

- Hours of wage-driven premium** – The Ministry's target for wage-driven premium hours (i.e. overtime, other) was 28 hours per FTE in 2013-14. Cypress Health realized a rate of 39.07 hours per FTE, which is slightly below the provincial average of 40.40 hours per FTE. The top five causes of the premiums were identified as sick and WCB coverage, vacancies, workload increases, family leave coverage, and bereavement leave coverage. An identified challenge for the reduction of wage-driven premium hours is the ongoing sustainability of existing rural emergency outpatient services in the region's community hospitals. An offsetting factor of maintaining the service on an ongoing basis is the necessity to utilize wage-driven premiums to constantly staff the service.

Rates have been increasing, with potential root causes identified as recruitment and retention of staff (turnover is high causing frequent vacancies), high admission rate and higher procedure callbacks (lab and diagnostic imaging), and increasing sick time.

Moving forward, strategies to be utilized include continuation of CHESS (Cypress Health Employee Staffing Strategies) strategies to reduce sick time, changing call-in response times and guidelines, reducing the number of staff taking unpaid leave of absences (therefore, not using the casual pool), and hiring contract nursing and other professionals when required.



Source: Saskatchewan Ministry of Health, Dashboard Measures, 2013-14

- **3sHealth 2013-14 shared services report** - Health Shared Services Saskatchewan (3sHealth) was established in 2012 through a partnership between the health regions and Saskatchewan Cancer Agency (SCA) to provide shared administrative and clinical support services. By sharing services, the health regions, SCA, and other healthcare partners can provide better quality of care to patients and families. At the same time, the healthcare system can leverage shared services to reduce costs and redirect savings back to patient care.

Alongside the health regions, 3sHealth celebrated the following key achievements in 2013-14:

- Establishing a linen services agreement that will create a long-term, sustainable solution for healthcare linen services throughout the province, improving the patient experience, ensuring patient and worker safety, and capturing \$98 million in savings over 10 years.
- Leveraging of group purchasing contracts to increase the health system's buying power through provincial and national procurement contracts for clinical supplies and services, resulting in new available savings of \$7.8 million.
- Completion of the Gateway Online project, which provides all employees in the Saskatchewan health sector with access to personal employment information in a centralized digital space.
- Exceeding our \$10 million annual provincial savings target, producing cost savings for the provincial healthcare system totaling over \$23 million.

The focus of 3sHealth's work in 2013-14 was on identifying opportunities for improvement that will improve quality of care for Saskatchewan patients and lower the cost curve for the system. As part of this work, 3sHealth explored potential shared services in key areas including medical imaging, medical laboratory services, information services / information management, transcription services, enterprise risk management, supply chain and environmental services.

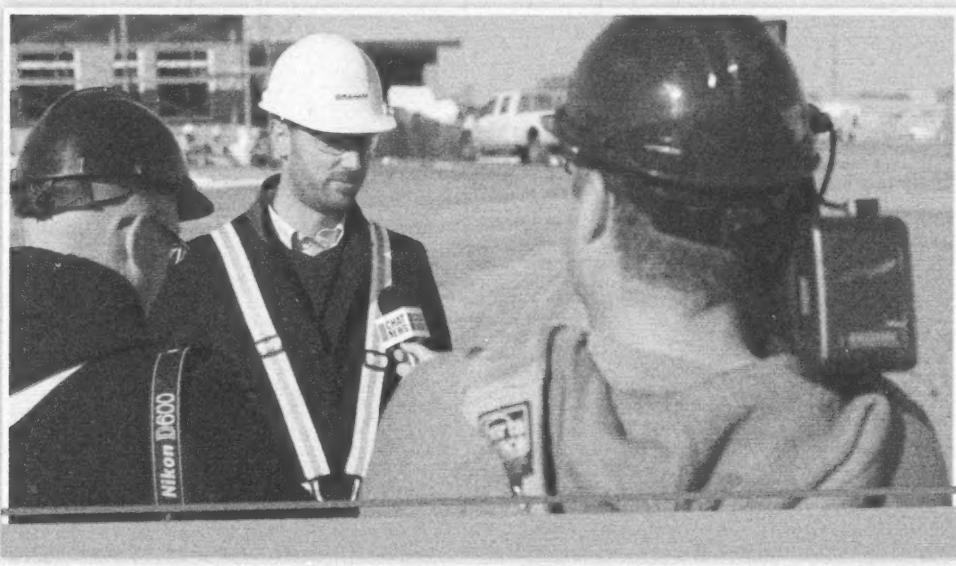
Through ongoing collaboration with our health region and SCA partners, 3sHealth has exceeded \$93 million in total savings, and we are ahead of schedule in our goal of achieving our \$100 million five-year target. We look forward to celebrating this significant milestone next year with our health sector partners as *together we transform healthcare*.

- **Information Management (IM), Information Technology (IT), Equipment, Infrastructure – Region** has been involved and working towards standardizing equipment, licensing, and infrastructure province-wide by ensuring all regional contacts, tenders, and request for proposals (RFP) are extended to the entire provincial health sector.
 - An IT/IM business case has been proposed and is under review. Health Region and stakeholder Chief Information Officers (CIO) are meeting regularly to define governance structure and decision making processes.

- Capital Project Planning

- Southwest Integrated Healthcare Facility, Maple Creek

Although not considered ‘formal’ processes, planning for the new SIHF utilized the principles of Lean and 3P planning during the design phases. A working committee comprised of staff, long term care residents, acute patients, patient/family representatives, community members, and architectural team developed a life-size mock-up of several rooms being planned for the new integrated facility. A community hall was utilized to construct life-size replicas of a long term care room, acute treatment room, and universal care platform room. Staff, residents/patients, and patient/family representatives were provided opportunities to tour and comment on the room replicas and offer suggestions for improvement in the design of the rooms. A public informational event was held where the general public was allowed the opportunity to tour the room replicas and assist in determining a variety of design specifics (ex. colour palettes, interior & exterior options, etc.).



BUILDING EXCELLENCE - MAPLE CREEK CAPITAL PROJECT

The Cypress Health Region holds regular media tours of the new Southwest Integrated Healthcare Facility in Maple Creek. The facility is scheduled to open in Fall 2014, offering the communities many health services under one, brand new roof.



MAPLE CREEK - SOUTHWEST INTEGRATED HEALTHCARE FACILITY

The new Southwest Integrated Healthcare Facility in Maple Creek is nearing completion and will open in Fall 2014. This image, captured by a special construction camera documenting the project, shows progress as of June 10, 2014.

The new facility is scheduled to open its doors in Fall 2014 and will become the newest health facility in southwestern Saskatchewan. Where there were once five separate buildings providing health care in Maple Creek, there will now be one. This facility is indeed a true partnership between the local community, area municipal councils and other key stakeholders, the Southwest Healthcare Trust, Dr. Noble Irwin Regional Healthcare Foundation, and the Ministry of Health.

Rapid Process Improvement Workshop (RPIW) #4 focused on 'creating a just in time medication delivery system' at the Cypress Lodge in Maple Creek. This RPIW had a design theme in which the anticipated efficiencies and reduction of wasted processes would carry into the new integrated facility. For example, one nurse passed 448 medications in a 12 hour shift, which left minimal time for observation and assessment of the residents. At the end of the RPIW, a new medication system coordinated with the local Pharmacist (a participant in the RPIW) will reduce the inventory of medication cards from 665 to 110, and reduce the lead time for ordering medications from 4 hours, 15 minutes to no time at all ... due to the Pharmacy restocking medications at the Lodge just in time on a weekly basis.

"I love this, I can find everything I need when I need it and where I need it. It is important for me as a Casual LPN."

-RPIW Participant

- **Swift Current Long Term Care**

A provincial announcement was made in July 2013 in relation to the approval of the next planning phases for a new 225-bed long term care facility in Swift Current, which would replace the existing long term care beds provided in three current outdated facilities. In addition to the announcement, it was identified that the procurement strategy would be coordinated by a P3 (private public partnership) process.

During the summer of 2013, a 3P (production preparation process) was held to initiate the design phase for the new proposed 225 bed facility. Initially, 'just in time' training was provided for staff which was followed by data gathering of various processes, and the development of value stream maps and a large number of improvement ideas.

Following the initial efforts, a larger group of long term care staff, residents, patient/family representatives, architects, designers, Ministries of SaskBuilds and Health, and others were involved in a multi-pronged strategy to begin looking at the needs for the new facility. They began to develop conceptual designs based on their experiences of the resident wants and needs. Various drawings, table top displays, and full size room mock-ups were created during the week that displayed how a typical resident room, palliative/respite care areas, and adult day program area could possibly look like in the new facility. The team challenged themselves to explore options based on 10-bed and 15-bed houses, and how the different house sizes affected the staffing and resident flows.



CAPITAL PLANNING - SWIFT CURRENT LONG TERM CARE

Premier Brad Wall and Minister of Health Dustin Duncan attended a 3P Report Out, held at the conclusion of a 5 day planning and design process. The conceptual designs of sections of the new Swift Current Long Term Care capital project were shared at the event.

Several Rapid Process Improvement Workshops (RPIW's) have been completed and scheduled to assist in identifying the processes for varying elements of the new facility:

- RPIW #1 was targeting the 'creation of a family style dining experience in long term care' and was located at the Swift Current Care Centre. Following the team's work, the resulting factors were a 0% food wastage amount compared to a previous 30% (based on residents not finishing their meal), reduction of resident wait time for their meals by 50%, and a resident satisfaction rate of 100% on the new approach taken to meal time.
- RPIWs scheduled for 2014-15 will focus on the supply management process to the new houses and the flow of residents/staff/medications/supplies within the 10-bed house.



Strategy: Better Teams

SYSTEM HOSHIN: Safety Culture – focus on patient and staff safety.

SYSTEM 5 YEAR OUTCOME:

By 2017, establish a culture of safety with a shared ownership for the elimination of defects.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 2017, there will be zero workplace injuries.

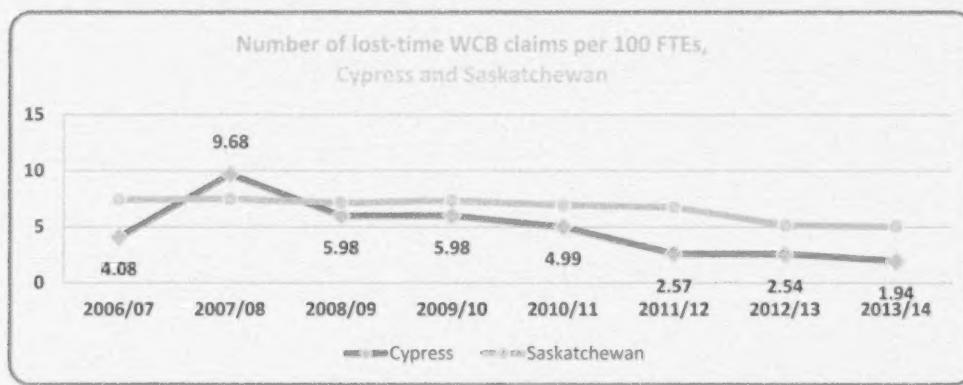
Cypress Health Projects/Results:

Staff Safety

- **Workers Compensation Board (WCB) lost-time injury claims** – a continued downward trend of WCB claims per 100 FTEs has occurred over the past six years. During 2013-14, Cypress staff realized an amount of 1.94 claims per 100 FTEs, which far surpasses the provincial average of 5.03 claims. Cypress Health's rate was the lowest among the other health regions, who collectively witnessed lost-time claim rates between 3.38-5.62 claims per 100 FTEs. The Region's success can

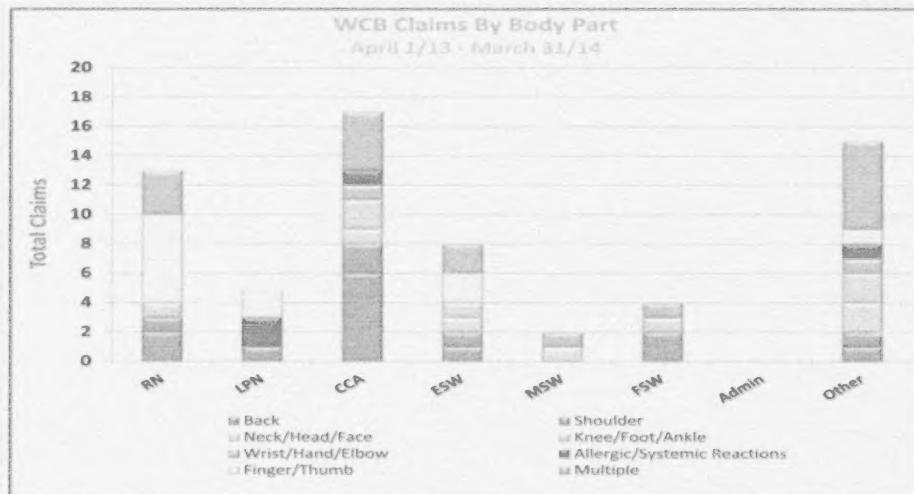
partly be related to the implementation of an early and safe return to work program. The Region filed 2.95 'no time loss' claims per 100 FTE compared to the provincial average of 3.83, which is reflective of the Region's strong reporting culture.

The Region has successfully decreased its WCB claims per 100 FTEs for six consecutive years by utilizing a number of strategies such as same day or next day return to work when possible, modified duties for each job description, and enhancing the role of OHS committees in each facility that play a role in addressing specific workplace injury trends in their facility. The Region has the capacity to conduct internal ergonomic assessments to facilitate the prevention of injuries before they happen, and functional capacity assessments to ensure a successful transition back to the work place. There has also been significant education to physicians to assist them with understanding their role in the return to work process.



Source: Saskatchewan Ministry of Health, Dashboard Measures, 2013-14

The Region experienced a total of 64 WCB claims during the 2013-14 year which was marginally above the target of 58 total claims. Within the total number of claims filed, 12 were in response to back-related issues and 6 for shoulder-related issues.



Source: Cypress Health Region, Ability Management

- 2014-15 will see the implementation of a WCB educational program 'Who's Got Your Back' in the Region's top four highest injury rate facilities.
- A Safety Advisor with the Saskatchewan Association for Safe Workplaces in Health has visited the Region to discuss the formal development of a **Safety Management System (SMS)**. The Region has a solid foundation of policies, procedures, training program, and communication tools required to manage health and safety in the workplace. The requirements for attaining the SMS are being reviewed, including a self-assessment of the level of achievement of all necessary components.
- Regional Health Authority declaration of '**Patient/Staff Safety Week**', October 28-November 3, 2013 – acknowledged the many efforts that are being taken to ensure the Region's number one value of 'Safety' is ensured.
 - 2nd Annual *Safety Expo* saw nearly 600 participants in attendance – more than 35 displays and demonstrations were available to provide safety-related information, including a glow germ tent, CPR demonstrations, influenza immunizations, and others.



SAFETY - SHARING AND LEARNING AT EXPO

Nearly 600 people attended the region's 2nd annual Safety Expo in October 2013. The Expo welcomes vendors from across the healthcare industry and informs the public and staff on the region's #1 value - safety.

- Regional Safety Day – held quarterly; involves patient family representatives, emergency preparedness, OH & S, Infection Control, Patient Safety, Risk Management staff.

- The Region is displaying **WCB signage** in facilities stating the number of days free from a staff injury, which have become part of the daily management huddles, with discussions on how to prevent any injuries that occurred since the last huddle.

SYSTEM 5 YEAR OUTCOME:

By March 31, 2017, increase staff and physician engagement provincial average scores to 80%.

SYSTEM 5 YEAR IMPROVEMENT TARGET:

By March 31, 2017, more than 1000 focusing Lean training and kaizen events involving staff, physicians, and patients will be undertaken in multiple areas of the health system.

By March 31, 2017, 100% of staff and physicians are continuously improving care and service through daily visual management.

Cypress Health Projects/Results:

Staff and Physician Engagement

- The Ministry of Health and 3sHealth coordinated a **Physician Engagement Survey** and a separate **Employee Engagement Survey** during the latter stages of the 2013-14 fiscal year. Although results of the survey feedback were not available at the time of this report's preparation, the overall provincial participation rates (22% employee; 35% physician) were relatively lower than anticipated. However, the surveys will provide the baseline information for levels of engagement and areas of feedback moving forward.
- The Region continues to look for additional opportunities to engage physicians and other health providers in becoming active partners in continuous quality improvement activities, with the interests of putting the patients first as the primary priority.
 - Involvement of clinical department heads in improvement efforts (ex. Hoshin Planning Days, 3P events) via committees and participation in patient/family activities.
 - Joint Regional Medical Association and Senior Leadership Team meetings every quarter, to discuss issues and opportunities for improvement.
 - Practitioner Advisory Committee meetings every two months, including all clinical department heads and other health providers.
 - Senior Medical Officer and Chief Executive Officer meet with specialist groups on a rotational basis, to discuss issues and opportunities for improvement that are specific to the specialist community and in relation to patient first initiatives.
 - Regional Health Authority and Senior Leadership Team hosted 'Physician Appreciation Event' to acknowledge long service awards in the physician community, and to foster relationships between these members of the Cypress team.



THANK YOU! - PHYSICIAN APPRECIATION EVENT

The physicians of the Cypress Health Region were recognized at a physician appreciation event in Spring 2013. The evening provided an opportunity to recognize the many efforts of our physicians, as well as honour those achieving years of service milestones in 2014.

- Discussions with a physician group interested in enhancing the obstetrical care programming within the Region, where a regional obstetrics referral and peri-natal service would be available at the Cypress Regional Hospital.
- Planned utilization of telehealth technology to engage rural physicians and region specialist physicians in discussions regarding the internal patient referral processes, and to provide consultation services for patients throughout the Region using telehealth technology.

Additional Cypress Health Initiatives

- **Leadership Development** - Over 50% of the current out of scope staff (35% of our SLT and Director level positions and 25% of our program/health services managers) are eligible to retire by the year 2015, and efforts are required to develop a plan to mitigate the risk associated with loss of knowledge and experience that is crucial for business continuity and to ensure succession planning.
 - As part of Leadership development the Region offers the 'Saskatoon Leadership Program' to its leaders to improve and enhance their skills. Additionally the Region is also planning to provide an in-house mentorship program for its employees to augment their knowledge, skills, and abilities.

- With the Lean Leadership training initiated in 2012-13 fiscal year, an opportunity was seized to provide additional education for some of those participants to be trained as 'Kaizen Basics Trainers' who began to provide training opportunities



KAIZEN BASICS - TRAINING EMPLOYEES

Many employees throughout Cypress Health received one-day training called Kaizen Basics.

for staff. Nearly 200 staff members/Regional Health Authority members were provided with this training during the 2013-14 fiscal year, which brings the total percentage of Region staff trained to 21% up to the end of March 2014. Additional opportunities are provided on a regular basis, with the goal to provide the training in multiple locations in the Region throughout the future. New employees are provided the training during their orientation to the Region.

- Inspire Health Care Quality Summit 2013 'Pursuing Excellence Awards' – Cypress Health staff received three awards at the provincial conference.
 - Client Navigator* in the 'Better Teams' category – new position that is designed to transfer surgical patients back to the Region after receiving surgical care in a tertiary center. Assists in identifying appropriate services before and after surgery, providing discharge planning support, and inform patients of additional community supports available.
 - Mobile Health Services* in the 'Better Teams Category' – utilization of EMS staff in expanded roles to collaborate with other health service staff in rural and remote communities to enhance the availability and access to services.
 - Dr. S. Fakhir* (Cypress Health pediatrician) in the 'Improvement Champion Category' – involved in coordinating a Growing Healthy Families clinic that serves at-risk children struggling with low and high weights.



PURSUING EXCELLENCE - MOBILE HEALTH SERVICES

The Cypress Health Region was delighted to win 3 Pursuing Excellence Awards at the 2013 Inspire Health Care Quality Summit. Here, the 'Mobile Health Services' award is accepted by Cypress Health staff who were on hand at the awards banquet.

- Launch of the **Saskatchewan Collaborative Bachelor of Science in Nursing Program** in Swift Current – partnership with the University of Regina, SIAST, and Great Plains College which will provide an initial 8 training seats for nursing students to complete their 4 year nursing degree in southwest Saskatchewan. Demand for the 8 seats was vast, and the students began their education in September 2013.



EDUCATIONAL OFFERING - NURSING PROGRAM IN CYPRESS

Eight students were officially welcomed into the new Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program at the Great Plains College in Swift Current in November 2013. The program offers the 4 year degree program directly in Swift Current.

- **Continuing Care Assistant** educational courses – part time educational offering to allow existing employees to continue working while taking the course; partnership with Great Plains College to continue second and third cohorts of courses scheduled.
- **Honouring and acknowledging Cypress Health staff years of service** – an evening of acknowledgement and celebration was held for a number of staff who had achieved various years of service plateaus. Of note, the October 2013 event highlighted two staff members receiving their 40 years of service recognition and one long serving staff with an amazing 50 years of service to the region!
- **Medical Student tours** – in conjunction with the Saskatchewan Medical Association, the Region hosted 60 medical students which saw them participate in hands-on experiences with the Region's experienced medical staff, utilize the new Simulation Lab and Control Centre and the Lab's three mannequins, and seize an opportunity for a question/answer period with the Region's physicians regarding career choices in the southwest.



SERVICE MILESTONE - 50 YEARS WITH CYPRESS

Staff celebrating years of service milestones in 2013 were recognized at a Service Recognition Gala in October. Beatrice Brabender was honoured for her 50 years of continuous service for the region!



SHOWING OUR STUFF - MEDICAL STUDENT TOUR

60 medical students from across Saskatchewan visited the Cypress Regional Hospital in February 2014. Students were provided an opportunity to witness the strong learning environment established in the region and took part in hands-on demonstrations in the Lee/Irwin Simulation Lab.

Date: June 6, 2014

CYPRESS HEALTH REGION REPORT OF MANAGEMENT

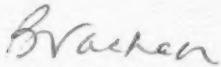
The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

In 2013, the Authority commenced capital project spending under newly established shared ownership arrangements with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under the arrangement on an apportioned net basis.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



Beth Vachon
Chief Executive Officer



Larry Allsen
Chief Financial Officer

The Cypress Health Region ended the year with an operating surplus. However an operating surplus is not a good indicator of financial viability. There are three main financial indicators that must be reviewed and understood to determine an organization's financial viability:

1. **Operating Working Capital** – this indicator is calculated as “Current Assets” less “Current Liabilities” in the operating fund from the *Statement of Financial Position* in the audited financial statements;
2. **Excess of Revenues over Expenses in the Operating Fund (commonly referred to as “Surplus”)** – this indicator can be found on the *Statement of Operations and Changes in Fund Balance* report in the audited financial statements; and
3. **Future Required Investments** – this financial indicator does not show up in an audited financial statement and cannot be easily calculated. The indicator refers to an amount that would be required for an organization to make investments to:
 - a. Ensure safe, quality services are provided based on standards that presently exist or may be developed for the service.
 - b. Ensure quality improvements are implemented and funded.
 - c. Ensure updated legislative requirements are implemented [e.g. Health Information Protection Act (HIPA), Occupational Health & Safety (OH&S), Labour Standards, etc.].
 - d. Fund critically required capital infrastructure projects.
 - e. Fund required replacements and investments of capital equipment.
 - f. Invest in best practices and new initiatives to improve services.

Operating Working Capital

$$\begin{aligned} &= \text{“Current Assets” less “Current Liabilities” in the Operating Fund} \\ &= \$31,556,290 - \$23,975,659 \\ &= \$7,580,631 \end{aligned}$$

According to this financial indicator, the Cypress Health Region has improved its financial position since inception in 2003. A reasonable expectation for a publicly funded organization is to have a positive working capital that would allow the organization to operate for 20 days. Currently the Region is operating with a positive 21.02 days of working capital in the operating fund.

In order to maintain this working capital the Region needs to continue generating operating surpluses (excess of revenues over expenses) to address needed investments in the third financial indicator listed above.

Excess of Revenues over Expenses in the Operating Fund (Surplus)

$$\begin{aligned} &= \text{“Total Revenues” less “Total Expenses” in the Operating Fund} \\ &= \$133,740,939 - \$131,616,273 \\ &= \$2,124,666 \end{aligned}$$

The Cypress Health Region met its financial target of having a balanced operating budget, which is a surplus greater or equal to zero dollars. A balanced budget is a good target to have, but when you review the first and third financial indicator described above, the Cypress Health Region should make every attempt to target significant surpluses to:

1. Invest in providing enhanced, safe, and quality health care services.
2. Invest in much-needed capital infrastructure and capital equipment.
3. Strengthen its financial position by investing in its working capital.

Since significant surpluses have been achieved in the past five years, the Region has to determine its most critical areas for investment. It has been determined that the surpluses generated are most needed for investment in capital infrastructure projects and critical equipment needs. Capital infrastructure continues to be a high priority for the Region with the construction of the Southwest Integrated Healthcare Facility in Maple Creek and proposal developed for enhancements in Leader and Swift Current (long term care). The Ministry of Health has also recognized the need for investment into building infrastructure and has provided the Region with an additional \$250,000 in the upcoming fiscal year for infrastructure.

Expenditures

The expenditures of the Region were \$2.93 million over budget. Some of the major expense variances are:

- The Region experienced a large amount of staff vacancies resulting in savings of \$2.2 million.
- There were various increases in salaries totaling \$2.5 million due to collective agreements and overtime.
- Medical remuneration was over budget \$1.63 million from funded initiatives like the rural locum program, Primary Care physicians in Shaunavon, locum physicians at the regional hospital in the area of surgery, internal medicine and the specialist and emergency room on call programs.
- In order to keep services in some of our rural sites and the Regional Hospital Intensive Care Unit, the Region had to use contract nursing which was not budgeted for and this was an added cost of \$160,000.
- The Region invested significant financial and human resources in order to provide pathology and microbiology services for the Regional Hospital which resulted in this being over budget by \$400,000.
- Unbudgeted small equipment purchases were \$400,000. This is the replacement of equipment that does not meet our capital threshold of \$3,000.
- Incurred legal fees in the fiscal year were abnormally high due to a number of arbitrations resulting in extra cost close to \$300,000.
- The high number of vacancies also resulted in extra recruitment expenses of \$100,000.

For further information see *Schedule 1* of the audited financial statements.

Revenues

The revenue of the Region was \$5 million over budget. Some of the major revenue variances are:

- The Region received an extra \$4.331 million in additional base funding from the Ministry of Health with the majority of the funding allocated for collective bargaining agreements, rural locum program funding, physician on call funding, Shaunavon primary care physicians, and renal enhancement.
- Patient fees for long term care were \$134,000 higher than budgeted due to higher income levels of our long term care residents.
- Out of province utilization of our services and facilities was a significant source of revenue for the Region having received \$220,000 in additional unbudgeted revenue.
- Other recoveries and miscellaneous revenue of \$340,000 was a result of increases in permit revenue, salary reimbursements, rebates, third party funding of expensed initiatives.

For further information see the *Statement of Operations and Changes in Fund Balances* in the audited financial statements.

Capital

The capital expenditures of the Region were \$9.4 million consisting of \$462,000 in infrastructure projects, \$300,000 in mortgage payments, \$2.944 million in equipment purchases (Largest purchase was a new CT machine \$1.8 million), \$400,000 on planning for the Swift Current Long-term care project, and \$5.3 million on the Southwest Integrated Healthcare Facility in Maple Creek. The capital purchases were funded by the Ministry of Health, Dr. Noble Irwin Regional Health Care Foundation, Community Trusts, donations, and generated operating surpluses.

Special Funds

The Region administers several Community Trust funds totaling \$409,000. These funds have been in place since the amalgamation of the Region in 2003 and were set up for the provisions of health care services. For more information regarding community trust funds see *Note 15* in the audited financial statements.

Debt

The Region currently has five mortgages totaling \$1.711 million that are guaranteed by the assets of the organization. For more information see *Note 4 and 5* in the audited financial statements.

Future Required Investments

This third financial indicator is future orientated and is extremely difficult to measure. The main strategies to address this indicator would be to generate significant surpluses to:

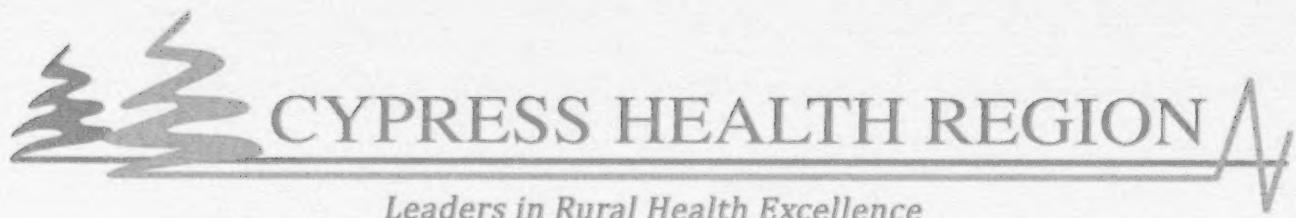
1. Build reserves for one-time investments like capital investments or short-term initiatives.
2. Make required investments into core-mandated services to ensure safe, quality, and effective health care services can be delivered.

Examples of challenges the Region is facing that require financial investments are:

1. Implementing consistent workload standards to ensure safe, effective, and quality health care services can be delivered.
2. Ensuring currently provided services are effective and sustainable.
3. Addressing quality of service issues by implementing best practices.
4. Investing in critical capital infrastructure projects.
5. Meeting increasing service needs of the province's residents by implementing new initiatives like Patient Family Centered Care (PFCC).
6. Funding Inflationary cost pressures (e.g. drug costs, medical supplies, etc.).
7. Implementing and sustaining occupational health and safety and patient safety systems.
8. Enhancing capital equipment replacement.

If one were to invest significant human resources and effort in analyzing each of the above challenges, an amount could be quantified to determine how much surplus would be required to effectively manage and fund the above *Future Required Investments*.

The Cypress Health Region is committed to work together with the Ministry of Health and community partners to clearly identify and cost these challenges in attempts to achieve higher levels of financial sustainability.



Leaders in Rural Health Excellence

Financial Statements For the Year Ending March 31, 2014



STARK & MARSH
CHARTERED ACCOUNTANTS, LLP

INDEPENDENT AUDITOR'S REPORT

To: The Directors of Cypress Regional Health Authority

We have audited the accompanying financial statements of Cypress Regional Health Authority, which comprise the statement of financial position as at March 31, 2014, and the statement of operations, statement of re-measurement gains and losses and statement of cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Public Sector Accounting Standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

The Cypress Regional Health Authority entered into a Co-ownership Agreement with the Ministry of Health to provide for co-ownership of a capital asset. The organization has recorded its share (23.4%) of the asset in accordance with proportionate consolidation as recommended in the CPA Canada Handbook PS 3060 Government partnerships. However, we believe PS 3060 does not apply to the Co-ownership Agreement as the contractual arrangement is between the Ministry of Health and the Cypress Regional Health Authority, two entities within the same government reporting entity. This is contrary to PS 3060.06 which states that the contractual arrangement should be with a party outside of the government reporting entity. As a result, we believe a government partnership does not exist, and proportionate consolidation would not apply to the Co-ownership Agreement.

The capital asset should be recorded at 100% of the cost in the records of the Cypress Regional Health Authority and the portion funded by the Ministry of Health recognized as grant revenue in the year received or receivable. As of March 31, 2014, Cypress Regional Health Authority recorded a capital asset at 23.4% of its total cost to date. This error has resulted in an understatement of capital assets of the organization by \$22.751M, an overstatement of co-ownership payable of \$8.118M, an understatement of current year capital grants revenue by \$24.98M and an understatement of opening fund balances of \$5.885M. The asset is currently being constructed and the total projected cost of the project is estimated to be \$45.3M upon completion.

Qualified Opinion

In our opinion, except as to the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Cypress Regional Health Authority as at March 31, 2014, and its financial performance for the year then ended in accordance with Public Sector Accounting Standards for government not-for-profit organizations.

Stark & Marsh
Chartered Accountants, LLP

Swift Current, SK
June 6, 2014

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position

as to March 31, 2014

Statement 1

	Operating Fund	Restricted Funds			Total March 31, 2014	Total March 31, 2013 (Note 10)			
		Capital Fund	Community Trust Fund						
ASSETS									
Current Assets									
Cash and short-term investments (Schedule 2)	\$ 28,828,898	\$ 15,129,508	\$ 398,677	\$ 44,357,083	\$ 26,627,735				
Accounts receivable									
Ministry of Health - general revenue fund	367,670	-	-	367,670	1,447,737				
Other	855,337	1,014,040	10,000	1,879,377	2,088,060				
Inventory	814,302	-	-	814,302	775,394				
Prepaid expenses	187,010	-	-	187,010	212,203				
Due from (community trust fund)	-	-	-	-	892,734				
	31,053,218	16,143,548	408,677	47,605,442		32,043,865			
Investments (Note 2, Schedule 2)	245,548	-	-	245,548	1,955,346				
Capital assets (Note 3)	-	76,061,507	-	76,061,507	71,040,936				
TOTAL ASSETS	\$ 31,298,766	\$ 92,205,054	\$ 408,677	\$ 123,912,497	\$ 105,040,146				
LIABILITIES AND FUND BALANCES									
Current liabilities									
Accounts payable	\$ 5,843,136	\$ 1,579,131	\$ -	\$ 7,422,267	\$ 6,146,732				
Accrued salaries	4,671,129	-	-	4,671,129	1,764,929				
Vacation payable	7,276,928	-	-	7,276,928	7,608,660				
Mortgage payable - current (Note 5)	-	189,779	-	189,779	179,621				
Lease payable - current	-	-	-	-	-				
Deferred revenue (Note 6)	2,608,642	-	-	2,608,642	3,277,811				
Due to (operating/capital fund)	-	-	-	-	892,734				
Co-ownership payable	-	8,118,569	-	8,118,569	-				
Construction Holdback	-	2,413,504	-	2,413,504	-				
Accrued mortgage interest	-	8,707	-	8,707	9,540				
	20,399,835	12,309,690	-	32,709,525	19,880,026				
Long term liabilities									
Mortgages payable (Note 5)	-	1,521,073	-	1,521,073	1,710,994				
Employee future benefits (Note 11)	3,318,300	-	-	3,318,300	3,404,300				
TOTAL LIABILITIES	23,718,135	13,830,763	-	37,548,898	24,995,320				
Fund Balances									
Investment in capital assets	-	73,647,732	-	73,647,732	68,790,573				
Externally restricted (Schedule 3)	-	1,245,916	408,677	1,654,593	1,415,086				
Internally restricted (Schedule 4)	-	3,480,644	-	3,480,644	3,770,995				
Unrestricted (deficit)/surplus	7,580,632	-	-	7,580,632	6,068,172				
TOTAL FUND BALANCES (Statement 4)	7,580,632	78,374,291	408,677	86,363,600	80,044,826				
TOTAL LIABILITIES & FUND BALANCES	\$ 31,298,766	\$ 92,205,054	\$ 408,677	\$ 123,912,497	\$ 105,040,146				

Commitments (Note 4)

Mortgages (Notes 5)

Pension Plan (Note 11)

Approved on behalf of the board of directors

The accompanying notes and schedules are part of these financial statements



CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS

for the year ended March 31, 2014

Statement 2

	Operating Fund			Restricted Funds				(Note 10)
	Budget 2014	Actual 2014	Actual 2013	Capital Fund 2014	Community Trust fund 2014	Total 2014	Total 2013	
	(Note 12)	(Note 10)						
REVENUES								
Ministry of Health - general revenue fund	\$ 117,826,160	\$ 122,200,827	\$ 112,088,118	\$ 1,349,166	\$ -	\$ 1,349,166	\$ 772,662	
Other provincial	523,235	355,912	457,481	-	-	-	-	
Federal government	-	69,666	129,924	-	-	-	-	
Patient & client fees	7,666,500	7,782,228	7,771,146	-	-	-	-	
Out of province (reciprocal)	960,500	1,181,077	1,317,541	-	-	-	-	
Out of country	31,000	101,670	37,695	-	-	-	-	
Donations	75,000	61,272	67,852	2,431,514	-	2,431,514	1,153,705	
Investment	250,000	302,756	242,566	58,687	4,357	63,043	115,569	
Recoveries	1,192,181	1,417,636	1,269,490	-	-	-	-	
Other	161,838	267,894	530,333	4,571,949	-	4,571,949	734,908	
TOTAL REVENUES	128,686,414	133,740,939	123,912,146	8,411,315	4,357	8,415,672	2,776,844	
EXPENSES								
Inpatient & resident services								
Nursing administration	\$ 3,567,489	\$ 3,636,990	\$ 3,476,443	\$ -	\$ -	\$ -	\$ -	
Acute	16,761,887	17,564,452	17,282,967	1,690,274	-	1,690,274	1,640,976	
Supportive	17,399,663	18,771,830	18,024,959	1,152,932	-	1,152,932	1,087,348	
Integrated	8,989,132	9,503,506	9,287,976	372,898	-	372,898	391,549	
Mental health & addictions	1,483,408	1,598,946	1,602,839	-	-	-	-	
Total inpatient & resident services	48,201,579	51,075,724	49,675,183	3,216,104	-	3,216,104	3,119,873	
Physician compensation	13,758,935	15,869,791	13,699,929	-	-	-	-	
Ambulatory care services	2,087,102	2,515,018	2,159,687	76,640	-	76,640	78,786	
Diagnostic & therapeutic services	12,263,300	12,137,489	11,636,640	779,549	-	779,549	458,327	
Community health services								
Primary health care	2,062,872	1,793,628	1,782,630	-	-	-	-	
Home care	7,118,360	6,646,441	6,569,544	-	-	-	-	
Mental health & addictions	3,362,670	2,833,987	2,943,527	-	-	-	-	
Population health	3,069,777	2,901,462	2,858,729	-	-	-	-	
Emergency response services	4,331,060	4,560,801	4,268,369	149,548	-	149,548	153,735	
Other community services	1,327,567	1,321,983	1,295,634	-	-	-	-	
Total community health services	21,272,306	20,058,302	19,718,433	149,548	-	149,548	153,735	
Support services								
Program support	6,711,745	7,072,367	6,562,132	-	-	-	-	
Operational support	21,385,420	21,876,881	20,517,445	-	-	-	-	
Other support	2,981,377	1,076,291	1,517,690	-	-	-	-	
Employee future benefits	-	(86,000)	(85,900)	-	-	-	-	
Total support services	31,078,542	20,930,539	28,511,367	-	-	-	12,918	
Ancillary	24,650	20,489	24,469	-	-	-	-	
Total expenses (Schedule 1)	128,686,414	131,616,273	125,425,707	4,221,840	-	4,221,840	3,823,639	
Excess (deficiency) of revenues over expenses	\$ -	\$ 2,124,666	\$ (1,513,561)	\$ 4,189,475	\$ 4,357	\$ 4,193,832	\$ (1,046,794)	

The accompanying notes and schedules are part of these consolidated financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF REMEASUREMENT GAINS AND LOSSES

for the year ended March 31, 2014

Statement 3

	2014	2013
Accumulated remeasurement gains, beginning of year	\$ 10,301	\$ -
Unrealized gain (losses) attributed to:		
Investments	275	10,301
Realized gains (losses), reclassified to statement of operations:		
Investments		
Designated fair value	-	-
Equity instruments	-	-
Net remeasurement gains for the year	275	10,301
Accumulated remeasurement gains (losses), end of year	\$ 10,576	\$ 10,301

The accompanying notes and schedules are part of these consolidated financial statements.

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CHANGES IN FUND BALANCES

for the year ended March 31, 2014

Statement 4

2014	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2014
Fund balance, beginning of year	\$ 6,068,172	\$ 73,549,960	\$ 426,694	- \$	80,044,826
Excess (deficiency) of revenues over expenses	2,124,666	4,189,475	4,357	-	6,318,498
Interfund transfers (Note 14)	(612,482)	634,856	(22,374)	-	-
Remeasurement gains (losses)	275	-	-	-	275
Fund balance, end of year	\$ 7,580,632	\$ 78,374,291	\$ 408,677	- \$	86,363,599

2013	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2013
Fund balance, beginning of year	\$ 3,630,704	\$ 77,665,197	\$ 1,298,980	- \$	82,594,881
Excess (deficiency) of revenues over expenses	(1,513,561)	(1,074,878)	28,084	- \$	(2,560,356)
Interfund transfers (Note 14)	3,940,728	(3,040,359)	(900,369)	- \$	-
Remeasurement gains (losses)	10,301	-	-	- \$	10,301
Fund balance, end of year	\$ 6,068,172	\$ 73,549,960	\$ 426,694	- \$	80,044,826

The accompanying notes and schedules are part of these consolidated financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

for the year ended March 31, 2014

Statement 5

	Operating Fund		Restricted Fund			
	2014	2013 (Note 10)	Capital Fund	Community Trust Fund	Total 2014	Total 2013 (Note 10)
			Operating Activities	Financing and investing activities		
Cash provided by (used in):						
Excess of revenue over expenditure	\$ 2,124,666	\$ (1,513,561)	\$ 4,189,475	\$ 4,357	\$ 4,193,832	\$ (1,046,794)
Net change in non-cash working capital (Note 7)	3,346,392	951,409	12,443,285	(887,734)	11,555,551	(708,543)
Amortization of capital assets	-	-	3,192,679	-	3,192,679	3,218,561
Investment income on long-term investments	275	10,301	-	-	-	
Loss on disposal of capital assets	-	-	483,564	-	483,564	70,800
	5,471,333	(551,851)	20,309,004	(883,377)	19,425,627	1,534,023
Capital Activities						
Purchase of capital assets						
Buildings/construction	-	-	(5,639,979)	-	(5,639,979)	(1,322,928)
Equipment	-	-	(3,056,835)	-	(3,056,835)	(1,658,275)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	(8,696,814)	-	(8,696,814)	(2,981,203)
Investing activities:						
Purchase of long-term investments	-	(1,709,798)	-	-	-	800,000
Redemption of long-term investments	1,709,797	-	-	-	-	-
	1,709,797	(1,709,798)	-	-	-	800,000
Financing activities:						
Repayment of debt	-	-	(180,596)	-	(180,596)	(171,099)
Net increase (decrease) in cash & short term investments during the year	7,181,130	(2,261,649)	11,431,594	(883,377)	10,548,217	(818,280)
Cash & short term investments, beginning of year	22,260,250	20,581,171	3,063,058	1,304,428	4,367,486	9,126,494
Interfund transfers (Note 14)	(612,482)	3,940,728	634,856	(22,374)	612,482	(3,940,728)
Cash and investments, end of year (Schedule 2)	\$ 28,828,898	\$ 22,260,250	\$ 15,129,508	\$ 398,677	\$ 15,528,185	\$ 4,367,486
Amounts in cash balances						
Cash and short-term investments	\$ 28,828,898	\$ 22,260,250	\$ 15,129,508	\$ 398,677	\$ 15,528,185	\$ 4,367,486

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

1. Legislative Authority

The Cypress Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Cypress Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada.

a) Health Care Organizations

- i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance

Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

- ii) The following affiliate is incorporated (and is a registered charity under the *Income Tax Act of Canada*):

Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

- iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

As at March 31, 2014

recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a declining balance basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %
Assets under construction	0%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Asset Retirement Obligation

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the assets remaining useful life.

The Maple Creek hospital was closed subsequent to the fiscal year end. At this point management is unable to estimate the cost of closing/decommissioning the facility.

g) Employee Future Benefits

i) Pension plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These consolidated financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Consolidated Statement of Re-measurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Consolidated Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2014 (2013 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

k) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

3. Capital Assets

	March 31, 2014			March 31, 2013
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 1,534,293	\$ -	\$ 1,534,293	\$ 1,534,293
Land Improvements	1,046,054	781,430	264,624	294,026
Buildings	78,741,063	26,869,833	51,871,231	52,798,776
Equipment	42,570,644	28,210,451	14,360,194	13,293,797
Information systems	937,326	596,455	340,871	300,452
Vehicles	1,683,507	1,327,283	356,225	445,281
Construction in Progress	7,334,069	-	7,334,069	2,374,309
	\$ 133,846,958	\$ 57,785,451	\$ 76,061,507	\$ 71,040,935

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2014, contractual obligations for the acquisition of capital assets were \$14,029,481 (2013-\$36,451,589). Included in the contractual obligation is an amount for the remainder of the committed construction costs of a new integrated facility in Maple Creek (\$12,856,104). A co ownership agreement exists with the Ministry of health who will assume 76.60% of both the asset and the contractual obligation (2014 - \$9,847,775).

b) Operating Leases

The minimum annual payments under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2013. Note 9 b) provides supplementary information on Health Care Organizations.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2014	Balance Outstanding 2013
Cypress Lodge Nursing Home CMHC, due February 1, 2023	7.50%	\$31,638 principal and interest	\$ 206,196	\$ 221,968
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	\$44,751 principal and interest	354,219	370,395
Herbert Nursing Home CMHC, due February 1, 2020	4.52%	\$55,947 principal and interest \$15,952 is subsidized by SHC yielding an effective interest rate of 2%	290,118	332,042
Prairie View Health Centre CMHC, due June 1, 2022	4.17%	\$26,370 principal and interest \$9,333 is subsidized by SHC yielding an effective interest rate of 1%	184,051	202,396
Swift Current Care Centre CUCORP, due October 1, 2019	5.15%	\$104,592 principal and interest	489,836	567,016
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	\$25,484 principal and interest	186,433	196,798
Less : Current Portion			1,710,852	1,890,614
			189,779	179,621
			\$ 1,521,073	\$ 1,710,994

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2015	\$ 189,779
2016	203,328
2017	214,858
2018	227,078
2019	240,034
2020 and subsequent	635,775
Total	\$ 1,710,852

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

6. Deferred Revenue

As at March 31, 2014 Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
Ministry of Health Initiatives				
Team Facilitator	\$ 13,146	\$ 13,146	\$ -	\$ -
Primary Health Care Team - Pharmacy	74,108	-	-	74,108
Primary Care - Leader Physicians	90,609	90,609	-	-
Primary Care - Maple Creek Physicians	48,454	8,201	-	40,253
Primary Health Leader Innovation	-	-	117,945	117,945
Nursing Safety Training Initiative	54,859	-	-	54,859
Recruitment of IEN Settlement	25,000	-	-	25,000
Quality Workplace Initiative	2,500	2,500	-	-
Bursary program	11,500	-	-	11,500
Preoperative Nurse training	14,310	14,310	-	-
Youth Detox	66,496	-	-	66,496
New A&D Initiative	11,632	11,632	-	-
Autism Framework	232,800	17,858	-	214,942
Autism Occupational Therapist	70,000	6,451	-	63,549
Integrated Case Management Training	4,677	4,677	-	-
Parent Mentoring	15,208	15,208	-	-
Infection control funding	85,535	58,931	(13,977)	12,627
MMR Immunization	17,794	17,794	-	-
Mumps administration	14,600	14,600	-	-
Safety training	72,535	20,985	-	51,550
Midwifery	52,472	29,595	-	22,877
Enhanced Dental Initiative	49,255	28,518	-	20,737
HIV strategy	32,000	-	(32,000)	-
Building a healthier Saskatchewan	25,000	25,000	-	-
Drug Strategy conference	20,000	20,000	-	-
Health Weights Monitoring	-	-	4,000	4,000
PECS Basic Training	-	-	11,227	11,227
EMT Enhancement Pilot	18,000	-	24,000	42,000
CEC funding	375,000	180,463	-	194,537
Physician Recruitment	25,000	25,000	-	-
IHI Collaborative	13,820	13,820	-	-
Surgical Initiative	208,562	89,558	-	119,004
Radiology Review	392,868	392,868	-	-
Leader Facility planning	150,000	-	-	150,000
Cabri/Gull Lake Physician	130,000	-	-	130,000
LTC Action Fund	-	-	579,257	579,257
Total Ministry of Health	\$ 2,417,743	\$ 1,101,727	\$ 690,452	\$ 2,006,468

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

Deferred Revenue Continued:

Non Ministry of Health Initiatives	\$	19,781	\$	1,972	\$	-	\$	17,809
ABI Program Funding	\$	3,000	\$	-	\$	-	\$	3,000
Abbott Nutrition Services Education	\$	254,345	\$	254,345	\$	-	\$	-
Donations	\$	127,174	\$	-	\$	-	\$	127,174
Lean funding	\$	9,450	\$	-	\$	-	\$	9,450
Mental Health Conference	\$	120,000	\$	-	\$	-	\$	120,000
Regina Qu'Appelle - Autism funding	\$	168,597	\$	-	\$	-	\$	168,597
Regina Qu'Appelle - Primary Care Redesign	\$	6,667	\$	6,667	\$	-	\$	-
SAHO - Dental Initiative	\$	30,000	\$	30,000	\$	-	\$	-
SAHO - Gateway Phase two	\$	80,298	\$	-	\$	-	\$	80,298
SUN Partnership funding	\$	31,000	\$	-	\$	7,000	\$	38,000
U of S Pharmacy Initiative	\$	ehealth grant	\$	78,294	\$	85,876	\$	7,582
GE education for radiologists	\$	-	\$	3,315	\$	22,000	\$	18,685
Food security program	\$	9,756	\$	2,851	\$	4,674	\$	11,579
Total Non Ministry of Health	\$	860,068	\$	377,444	\$	119,660	\$	602,174
Total Deferred Revenue	\$	3,277,811	\$	1,479,171	\$	810,002	\$	2,608,642

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

As at March 31, 2013 Program	Balance	Less	Add	Balance
	Beginning Of Year	Amount Recognized	Amount Received	End Of Year
Ministry of Health Initiatives				
Team Facilitator	\$ 41,254	\$ 28,108	\$ -	\$ 13,146
Primary Health Care Team - Pharmacy	74,108	-	-	74,108
Primary Care - Leader Physicians	114,118	23,509	-	90,609
Primary Care - Maple Creek Physicians	48,454	-	-	48,454
Cultural Awareness Training	23,577	23,577	-	-
Nursing Safety Training Initiative	54,859	-	-	54,859
Nursing Model expansion	46,424	46,424	-	-
Nursing professional development	5,458	5,458	-	-
Recruitment of IEN Settlement	25,000	-	-	25,000
Quality Workplace Initiative	10,000	7,500	-	2,500
Bursary program	-	-	11,500	11,500
Preoperative Nurse training	-	-	14,310	14,310
Youth Detox	66,496	-	-	66,496
New A&D Initiative	15,439	3,807	-	11,632
Autism Framework	232,800	-	-	232,800
Autism Occupational Therapist	-	-	70,000	70,000
Integrated Case Management Training	4,677	-	-	4,677
Parent Mentoring	16,000	792	-	15,208
Infection control funding	143,351	57,815	-	85,535
HPV Admin funding	12,768	12,768	-	0
MMR Immunization	21,174	8,840	5,460	17,794
Mumps administration	23,440	8,840	-	14,600
Safety training	72,535	-	-	72,535
Midwifery	52,472	-	-	52,472
Enhanced Dental Initiative	24,755	-	24,500	49,255
HIV strategy	16,000	-	16,000	32,000
Building a healthier Saskatchewan	-	-	25,000	25,000
Drug Strategy conference	-	-	20,000	20,000
EMT Enhancement Pilot	44,000	26,000	-	18,000
CEC funding	-	-	375,000	375,000
IPFCC conference	5,992	5,992	-	-
Physician Recruitment	25,000	-	-	25,000
IHI Collaborative	20,000	6,180	-	13,820
Surgical Initiative	224,638	16,076	-	208,562
Radiology Review	392,868	-	-	392,868
Ottawa Model	17,298	17,298	-	-
Leader Facility planning	150,000	-	-	150,000
Cabri/Gull Lake Physician	32,000	54,000	152,000	130,000
Total Ministry of Health	\$ 2,066,955	\$ 362,982	\$ 713,770	\$ 2,417,743

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

Non Ministry of Health Initiatives

ABI Program Funding	\$ 31,218	\$ 11,437	\$ -	\$ 19,781
1st Step funding	814	814	-	-
Abbott Nutrition Services Education	3,000	-	-	3,000
Donations	228,919	-	25,427	254,345
Lean funding	127,174	-	-	127,174
Mental Health Conference	9,450	-	-	9,450
Regina Qu'Appelle - Autism funding	80,000	-	40,000	120,000
Regina Qu'Appelle - Primary Care Redesign	-	-	168,597	168,597
SAHO - Dental Initiative	26,206	19,540	-	6,667
SAHO - Gateway Phase two	-	-	30,000	30,000
Sanofi Aventis - CDM funding	9,067	9,067	-	-
SUN Partnership funding	97,621	17,324	-	80,298
U of S Pharmacy Initiative	25,000	-	6,000	31,000
Food security program	14,853	5,097	-	9,756
Total Non Ministry of Health	\$ 653,322	\$ 63,278	\$ 270,024	\$ 860,068
Total Deferred Revenue 2013	\$ 2,710,277	\$ 416,260	\$ 983,794	\$ 3,277,811

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds				Total 2014	Total 2013
	2014	2013	Capital Fund	Community Trust Fund	Total 2014			
(Increase) Decrease in accounts receivable	\$ 114,356	\$ (327,796)	\$ 1,169,394	\$ 5,000	\$ 1,174,394	\$ (2,114,809)		
(Increase) Decrease in inventory	(38,907)	35,045	-	-	-	-		
Decrease in prepaid expenses	25,193	322,069	-	-	-	-		
(Increase) Decrease in other current assets	456,668	(456,668)	436,066	(892,734)	(456,668)	456,668		
Increase (Decrease) in accounts payable	969,784	(305,510)	10,837,824	-	10,837,824	949,598		
Increase in accrued salaries	2,906,200	243,106	-	-	-	-		
Increase (Decrease) in vacation payable	(331,732)	959,529	-	-	-	-		
Increase (Decrease) in deferred revenue	(669,169)	567,534	-	-	-	-		
(Decrease) in employee future benefits	(86,000)	(85,900)	-	-	-	-		
	\$ 3,346,392	\$ 951,409	\$ 12,443,285	\$ (887,734)	\$ 11,555,551	\$ (708,543)		

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2014, was \$38,039 (2013- \$24,326). These amounts are reflected in the financial statements.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

9. Related Parties

These consolidated financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Minister of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

	2014	2013
Revenues		
3sHealth	\$ -	\$ 30,000
Health Quality Council	58,600	102,348
Saskatchewan Government Insurance	137,700	142,315
Worker's Compensation Board (Saskatchewan)	238,497	334,956
Related Party Revenues	\$ 434,797	\$ 609,619
Expenditures		
3sHealth	\$ 3,554,000	\$ 3,485,653
eHealth	163,919	171,706
Minister of Finance	150,515	139,141
Ministry of Government Services	725,282	719,070
Public Employees Pension Plan	184,735	172,832
Regina Qu'appelle Health Region	1,174,028	1,049,612
Saskatchewan Health Employees Pension Plan	5,057,306	5,014,763
Saskatchewan Institute of Applied Arts and Technology	17,806	-
SaskEnergy Incorporated	407,196	423,732
Saskatchewan Power Corporation	806,069	771,435
Saskatchewan Telecommunications Holding Corporation	441,819	416,168
Saskatchewan Government Insurance	19,459	21,212
Saskatoon Health Region	64,536	50,820
University of Regina	13,638	-
University of Saskatchewan	156,487	-
Worker's Compensation Board (Saskatchewan)	769,219	994,447
Related Party Expenditures	\$ 13,706,012	\$ 13,430,591
Accounts Payable		
3sHealth	\$ 489,762	\$ 337,985
eHealth	33,492	32,619
Minister of Finance	25,451	23,358
Ministry of Government Services	40,596	35,400
Public Employees Pension Plan	7,208	7,319
Regina Qu'appelle Health Region	60,421	333,886
Saskatchewan Health Employees Pension Plan	421,825	390,734
SaskEnergy Incorporated	100,473	59,784
Saskatchewan Power Corporation	62,642	59,971
Saskatchewan Telecommunications Holding Corporation	40,825	37,502
Worker's Compensation Board (Saskatchewan)	346,011	97,488
Related Party Payable	\$ 1,628,706	\$ 1,416,046

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

	2014	2013
McKerracher Support Services Inc	\$ 134,944	\$ 133,338
Canadian Mental Health Association	140,857	139,838
Gull Lake Ambulance	213,321	213,321
Ponteix Ambulance	255,183	255,183
Val Marie Ambulance	148,717	148,717
Frontier Ambulance	205,186	205,239
Swift Current Ambulance	1,050,823	1,044,403
	<hr/>	<hr/>
	\$ 2,149,030	\$ 2,140,039

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over the affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administration function with the affiliate.

The following presentation discloses the amount of funds granted to the affiliate:

	2014	2013
Foyer St. Joseph Nursing Home		
- Operating grant	\$ 1,824,908	\$ 1,765,276
- Capital grant	6,300	84,249
Total funding	<hr/>	<hr/>
	\$ 1,831,208	\$ 1,849,525

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

Ministry of Health requires additional reporting in the following audited financial summaries of the affiliate entities for the years ended March 31, 2014 and 2013

	Total 2014 (audited)	Total 2013 (audited)
Balance Sheet		
Assets	\$ 1,257,510	\$ 1,170,582
Net Capital Assets	<u>456,559</u>	<u>466,239</u>
Total Assets	<u>\$ 1,714,069</u>	<u>\$ 1,636,821</u>
Total Liabilities	\$ 234,320	\$ 204,223
Total Net Assets (Fund Balances)	<u>1,479,749</u>	<u>1,432,598</u>
Total Liabilities & Fund Balances	<u>\$ 1,714,069</u>	<u>\$ 1,636,821</u>
Results of Operations		
RHA Grant	\$ 1,823,104	\$ 1,850,593
Other Revenues	<u>483,129</u>	<u>478,742</u>
Total Revenue	<u>2,306,233</u>	<u>2,329,335</u>
Salaries & Benefits	1,973,086	1,942,646
Other Expenses	<u>315,513</u>	<u>279,269</u>
Total Expenses	<u>\$ 2,288,599</u>	<u>\$ 2,221,915</u>
Excess Revenue over Expenses	<u>\$ 17,634</u>	<u>\$ 107,420</u>
Cash Flows		
Cash from Operations	\$ 327,986	\$ 129,778
Cash used in Financing Activities	<u>(56,555)</u>	<u>(105,440)</u>
Cash provided by (used in) Investing Activities	<u>(35,000)</u>	<u>404,056</u>
Increase/(Decrease) in Cash	<u>\$ 236,431</u>	<u>\$ 428,394</u>

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. During the year the Foundation provided the RHA with \$2,115,458 (2013 - \$1,024,895).

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

10. Comparative Information

Certain 2012-13 balances have been reclassified to conform to the current year's presentation.

11. Employee future benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required contributions to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

Number of active members	1,375	-	16	1,391	1,397
Member contribution rate, percentage of salary	7.70 - 10.70%	-	5.00 - 7.00%		
RHA contribution rate, percentage of salary	8.62 - 11.20%		5.00 - 7.00%		
Member contributions	4,892,081	-	95,971	4,988,053	4,914,608
RHA contributions	5,479,127	-	95,971	5,575,098	5,493,254

*Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leaves of absence as of March 31, 2013.

Inactive members are not reported by the RHA, their plans are transferred to SHEPP and directly managed by them.

Pension plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.12 to 1.

Contribution rates will continue to increase until the next actuarial reports are completed.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

a) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

	2014	2013
Discount rate	2.85%	2.50%
Rate of inflation		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over		
- 0.0% per annum, plus 2.0% per annum for SUN members at 20 years or service		
	2014	2013
Accrued benefit obligation,		
beginning of year	\$ 3,404,300	\$ 3,490,200
Cost for the year	479,300	473,800
Benefits paid during the year	(565,300)	(559,700)
Accrued benefit obligation,		
end of year	\$ 3,318,300	\$ 3,404,300

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

12. Budget

The RHA Board approved the 2013-14 budget plan on May 30, 2013. The budget information is unaudited.

13. Financial Instruments

a) Significant terms and conditions:

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management:

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk:

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2014	2013
Cash and short-term investments	\$ 44,357,038	\$ 26,633,764
Accounts receivable		
Ministry of Health - General Revenue Fund	367,670	1,447,737
Other	1,879,377	2,088,060
Investments	245,548	1,955,346
	<hr/> \$ 46,849,634	<hr/> \$ 32,124,907

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2014 and 2013 have fixed interest rates. Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, the interest rates on the investments held by the RHA bare minimal risk and therefore the overall risk to the health region due to fluctuating interest rates is minimal.

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of \$42,189,898 (2013 - \$26,176,919).

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

f) Fair value:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
 - accounts receivable
 - accounts payable
 - accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market values.
- The fair value of mortgages payable and long-term debt before the repayment required within one year is \$1,729,720 (2013 - \$1,919,644) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

Level 1 – Where quoted prices are readily available from an active market.

Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.

Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 3 in 2012 or 2013.

There were no items transferred between levels in 2013 or 2014.

	2014			2013		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	\$ 2,412,735	\$ -	\$ 2,412,735	\$ 2,406,163	\$ -	\$ 2,406,163
Mortgage payable	\$ 1,710,852	\$ -	\$ 1,710,852	\$ 1,890,615	\$ -	\$ 1,890,615

g) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit limit of \$1,000,000 (2013 - \$1,000,000) with an interest charged at prime less 1/2%, which is re-negotiated annually. The line-of-credit is secured by RHA assets. Total interest paid on the line-of-credit in 2014 was \$ nil (2013 - \$ nil). This line-of-credit was approved by the Ministry.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2014			2013		
	Community			Community		
	Operating Fund	Capital Fund	Trust Fund	Operating Fund	Capital Fund	Trust Fund
Building renovations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capital asset purchases	(127,414)	149,788	(22,374)	(153,799)	1,051,168	(897,369)
Other	(485,068)	485,068	-	4,094,527	(4,091,527)	(3,000)
	\$ (612,482)	\$ 634,856	\$ (22,374)	\$ 3,940,728	\$ (3,040,359)	\$ (900,369)

15. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers \$408,677 (2013 - \$426,694) under these agreements.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2014

Following is the status of the trust funds at March 31, 2014:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered

16. Pay for Performance:

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2014, lump sum performance adjustments relating to 2013-14 have not been determined as information required to assess senior employee performance is not yet available.

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses
for the year ended March 31, 2014

Schedule 1

	Budget 2014	Actual 2014	Actual 2013
Operating:			
Advertising & public relations	\$ 44,855	\$ 40,421	\$ 29,505
Board costs	118,000	101,217	108,684
Compensation - benefits	14,330,552	14,695,525	13,938,707
Compensation - salaries	76,942,530	76,607,171	74,419,850
Compensation - employee future benefits	-	(86,000)	(85,900)
Continuing education fees & materials	235,622	277,012	274,995
Contracted-out services - other	2,061,020	2,459,412	2,010,316
Diagnostic imaging supplies	62,100	38,524	62,478
Dietary supplies	65,250	27,208	33,146
Drugs	1,148,220	1,145,701	1,056,586
Food	1,944,850	1,974,020	1,919,730
Grants to ambulance services	1,887,599	1,873,229	1,866,863
Grants to health care organizations & affiliates	2,039,776	2,095,993	2,034,477
Housekeeping & laundry supplies	714,698	778,684	775,217
Information technology contracts	671,686	605,379	575,642
Insurance	260,000	252,979	261,577
Interest	15,000	13,382	12,622
Laboratory supplies	1,239,050	1,159,748	1,201,318
Medical & surgical supplies	2,684,684	2,623,552	2,577,195
Medical remuneration & benefits	12,800,085	14,430,627	12,787,640
Office supplies & other office costs	1,123,082	1,034,490	983,109
Other	505,714	630,270	723,197
Professional fees	885,744	1,091,897	752,499
Prosthetics	372,000	405,555	402,849
Purchased salaries	-	159,910	284,680
Rent/lease/purchase costs	775,185	1,223,888	868,284
Repairs & maintenance	2,426,594	2,529,865	2,286,986
Supplies - Other	269,027	232,805	208,131
Travel	1,287,270	1,404,705	1,349,198
Utilities	1,776,221	1,789,102	1,706,125
Total Operating Expenses	\$ 128,686,414	\$ 131,616,273	\$ 125,425,707

Restricted:

Amortization	\$ 3,192,679	\$ 3,218,561
Loss/(Gain) on disposal of fixed assets	483,564	70,800
Mortgage interest expense	108,187	117,682
Other	437,410	416,597
	\$ 4,221,840	\$ 3,823,640

CYPRESS REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
as at March 31, 2014

Schedule 2

	Fair Value	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Concentra	\$ 15,129,508		
Royal Bank (Shaunavon)	62,192		
Sandhills Credit Union (Leader)	59,623		
Credit Union (Eastend)	7,754		
Royal Bank (Climax)	26,360		
CBIC (Mankota)	53,215		
	<u>\$ 15,338,651</u>		
Short Term Investments:			
Eastend Credit Union	\$ 145,656	1/14/2015	1.40%
CBIC (Mankota)	43,480	6/11/2014	1.30%
Various Membership Equities	398		
	<u>\$ 189,534</u>		
Total Cash & Short Term Investments	<u>\$ 15,528,185</u>		
Total Restricted Investments	<u>\$ 15,528,185</u>		
Unrestricted Investments			
Cash and short term			
Chequing and Savings :			
Concentra	\$ 26,807,743		
Petty Cash	7,760		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	34,493		
BMO Nesbitt Burns	0		
	<u>\$ 26,851,246</u>		
Short Term Investments			
Bank of Montreal GIC	67,580	1/5/2015	1.66%
Bank of Montreal Mortgage GIC	100,000	1/5/2015	1.66%
BMO Trust GIC	100,000	12/12/2014	1.66%
B2B Trust GIC	100,609	12/12/2014	1.95%
Bank of Nova Scotia GIC	100,547	12/12/2014	1.75%
Cdn Western Bank GIC	100,609	12/12/2014	1.95%
Laurentian Bank GIC	100,609	12/12/2014	1.95%
LBC Trust GIC	100,609	12/12/2014	1.95%
Montreal Trust CDA GIC	100,547	12/12/2014	1.75%
Pacific & Western GIC	100,578	12/12/2014	1.85%
Royal Trust Corp GIC	100,547	12/8/2014	1.75%
AGF Trust GIC	100,609	12/8/2014	1.95%
Equitable Trust GIC	100,672	12/8/2014	2.15%
Homequity Bank GIC	100,593	12/8/2014	1.90%
Home Trust Company GIC	100,672	12/8/2014	2.15%
ING Bank of Canada GIC	100,578	12/8/2014	1.85%
Manulife Bank GIC	100,547	12/8/2014	1.75%
Manulife Trust GIC	100,547	12/8/2014	1.75%
Peoples Trust GIC	100,593	12/8/2014	1.90%
Resmor Trust Company GIC	100,609	12/8/2014	1.95%
	<u>\$ 1,977,653</u>		
Total Cash & Short Term Investments	<u>\$ 28,828,898</u>		
Long Term			
Canada Savings Bond	\$ 45,092	01/11/2016	0.50%
Canada Savings Bond	200,411	10/31/2017	0.50%
Various Membership Equities	45		
Total Long Term Investments	<u>\$ 245,548</u>		
Total Unrestricted Investments	<u>\$ 29,074,447</u>		
Total Investments	<u>\$ 44,602,632</u>		
Restricted & Unrestricted Totals			
Total Cash & Short Term	\$ 44,357,083		
Total Long Term	245,548		
Total Investments	<u>\$ 44,602,632</u>		

Restricted Investments consist:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the capital fund (Schedule 4)
- Donations and internally restricted reserves



CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF EXTERNALLY RESTRICTED FUNDS

for the year ended March 31, 2014

Schedule 3

CAPITAL FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations	\$ 988,392	\$ -	\$ 316,056	\$ (58,532)	\$ -	\$ 1,245,916
Total Capital Fund	\$ 988,392	\$ -	\$ 316,056	\$ (58,532)	\$ -	\$ 1,245,916

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance, beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Maple Creek - Hospital	\$ 689,454	\$ 326	\$ -	\$ -	\$ (689,780)	\$ -
Maple Creek - Cypress Lodge	203,280	-	-	-	(203,280)	-
Shaunavon Hospital & Care Centre	83,379	861	-	-	(22,048)	62,192
Eastend Wolf Willow Health Centre	152,090	1,717	-	-	-	153,807
Prairie View Health Centre (Mankota)	90,517	1,178	5,000	-	-	96,695
Leader Hospital	51,836	-	-	-	-	51,836
Border Health Centre	26,084	275	-	-	-	26,360
Western Senior Citizens Home	7,787	-	-	-	-	7,787
Mankota Trust Loan	15,000	-	-	-	(5,000)	10,000
Total Community Trust Fund	\$ 1,319,428	\$ 4,357	\$ 5,000	\$ -	\$ (920,108)	\$ 408,677
Total Externally Restricted Funds	\$ 2,307,820	\$ 4,357	\$ 321,056	\$ (58,532)	\$ (920,108)	\$ 1,654,593

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES

for the year ended March 31, 2014

Schedule 4

				Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance		Balance, end of year
	Balance, beginning of year	Investment income allocated						
CMHC Replacement Reserves								
Cypress Lodge	\$ 114,500	\$ 1,285		\$ -	\$ -	\$ (1,285)	\$ 114,500	
Gull Lake Special Care Centre	96,001	1,077		-	-	(1,077)		96,001
Herbert Nursing Home	89,251	1,001		12,087	-	-		102,340
Western Senior Citizen Home	76,440	858		-	-	(858)		76,440
Total CMHC	\$ 376,191	\$ 4,221		\$ 12,087	\$ -	\$ (3,219)	\$ 389,281	
Other Internally Restricted Funds								
Saskatchewan Health Restricted								
SHIN Capital Fund	172,309	-		-	-	-		172,309
Infrastructure Funding Fiscal 2008-09	1,132,861	-		-	(63,579)	-		1,069,282
Maple Creek Facility funding	1,393,263	16,374		-	(406,458)	-		1,003,179
Cypress Regional Hospital	344,625	-		-	(156,843)	-		187,783
Capital Funding Fiscal 2009-10	23,224	-		-	(11,565)	-		11,659
Leader Facility Funding	13,487	-		-	-	-		13,487
Capital Funding Fiscal 2010-11	10,225	-		-	(10,225)	-		-
Infrastructure Funding Fiscal 2010-11	172,672	-		-	(21,744)	-		150,928
Surgical Capital Funding Fiscal 2010-11	77,586	-		-	(5,192)	-		72,394
Surgical Capital Funding Fiscal 2012-13	4,207	-		-	(4,207)	-		-
Infrastructure Funding Fiscal 2013-14	-	-		360,000	-	-		360,000
Region restricted								
Eastend Wolf Willow Health Centre	50,343	-		-	-	-		50,343
Total Internally Restricted Funds	\$ 3,770,995	\$ 20,595		\$ 372,087	\$ (679,813)	\$ (3,219)		\$ 3,480,644

CYPRESS REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION

Schedule 5

for the year ended March 31, 2014

RHA Members	2014							2013	
	Retainer	Per Diem	Travel Expenses	Travel and Sustenance		CPP	Total	Total	
				Time Expenses	Other Expenses				
Bragg, Tyler	\$ 9,960	\$ 18,192	\$ 2,906	\$ 5,153	\$ -	\$ 1,435	\$ 37,647	\$ 47,110	
Busby, Pamela	-	5,525	1,800	3,420	-	296	11,041	10,282	
Heeg, Ronald	-	4,738	458	258	-	-	5,453	6,242	
Lewis, Donald	-	3,700	1,401	2,668	-	199	7,968	7,798	
Quintin, Lyle	-	3,600	340	1,274	-	135	5,349	3,893	
Smith, Judy	-	3,850	1,822	3,829	-	241	9,741	8,125	
Stephens, Larry	-	4,825	1,060	1,207	-	65	6,958	5,410	
Undseth, Rhonda	-	1,400	327	469	-	65	2,261	3,951	
Whiteside, Brian	-	2,400	-	-	-	72	2,472	1,820	
Wilson, Terry	-	2,500	225	-	-	95	2,820	3,884	
Total	\$ 9,960	\$ 50,530	\$ 10,338	\$ 18,278	\$ -	\$ 2,603	\$ 91,709	\$ 98,514	

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

for the year ended March 31, 2014

Senior Employees	2014					2013		
	Salaries 1	Benefits and Allowances 2	Sub-total	Severance		Salaries, Benefits and Allowances	Severances	Total
				Amount	Total			
Beth Vachon - CEO	\$ 275,961	\$ 1,402	\$ 277,363	\$ -	\$ 277,363	\$ 253,923	\$ -	\$ 253,923
Kim Kruse - Director	69,199	-	69,199	-	69,199	69,199	-	69,199
Bryce Martin - Executive Director	131,382	-	131,382	-	131,382	132,608	-	132,608
Beth Adashynski - Executive Director	141,196	1,585	142,781	-	142,781	133,957	-	133,957
Larry Allsen - Executive Director	177,351	785	178,136	-	178,136	176,858	-	176,858
Brenda Schwan - Executive Director	215,829	-	215,829	-	215,829	204,517	-	204,517
Gloria Illerbrun - Executive Director	191,104	1,236	192,340	-	192,340	180,434	-	180,434
Dr. David Torr - Medical Health Officer	212,424	-	212,424	-	212,424	227,120	-	227,120
Dr. I Radevski - Senior Medical Officer	288,261	-	288,261	-	288,261	251,291	-	251,291
Total	\$ 1,702,707	\$ 5,008	\$ 1,707,714	\$ -	\$ 1,707,714	\$ 1,629,907	\$ -	\$ 1,629,907

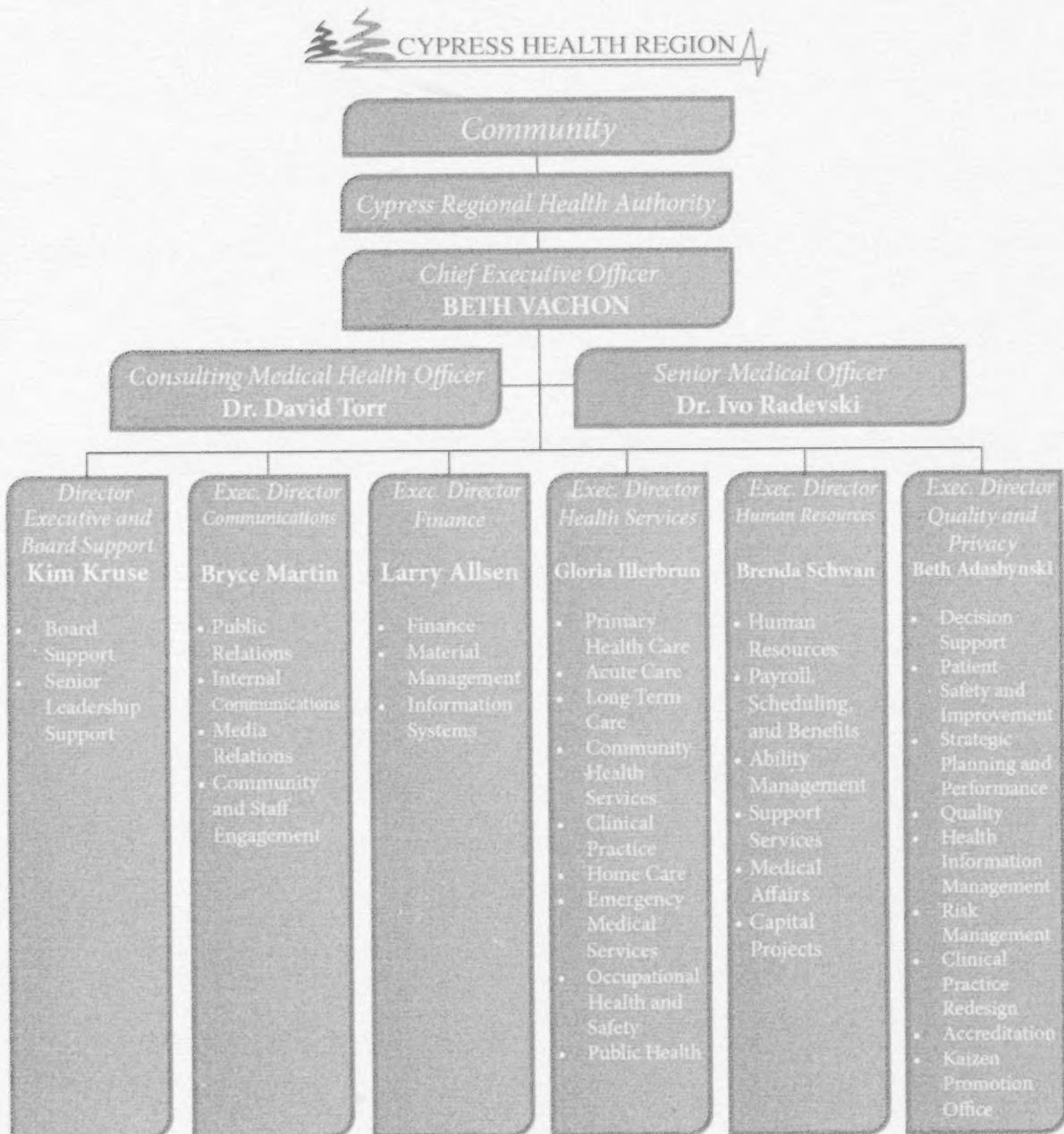
1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2014 and will be paid out in the 2014-15 fiscal year. Refer to note 16 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

APPENDIX A - ORGANIZATIONAL CHART

2013
2014

Organization Chart



*As of March 31, 2014

Payee Disclosure Lists

As part of their commitment to accountability and transparency, the Ministry of Health and the Cypress Health Region disclose payments by payee for the 2013-14 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees (individuals, affiliates, and other organizations) requiring disclosure and for the 2013-14 fiscal year the minimum threshold has been maintained at \$50,000.

The *Payee Disclosure Lists* include payments for the following categories, with information to be included as follows:

- *Personal Services* – stated amounts include all payments made to individuals throughout the fiscal year and **are not restricted to base salary payments**. Payments to individuals who are unionized or non-unionized employees and contracts where an ‘employee/employer’ relationship has been established are included in this list. The recorded amounts include regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, any other direct cash remuneration including sick leave, vacation, short-term disability, and differentials which total \$50,000 or more.
 - Contracts – the total amount paid (over the threshold) if an ‘employee/employer’ relationship exists. If the relationship does not exist and the payment is over the minimum threshold, the amount is reported as a ‘Supplier Payment’.
- *Supplier Payments* – payees who received \$50,000 or more for the provision of goods and/or services, including supplies, contracts, and equipment; contracts over the minimum threshold of contacts where an ‘employer/employee’ relationship does not exist.
- *Transfers* – listed, by program, transfers to recipients who received \$50,000 or more for program grants, funding, foundations, donations, sponsorships, and Health Care Organizations.

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

ABDI	MARIAN	91,222
ACHTER	CANDLLE	82,258
ACHTER	ANGIE	69,845
ADAMSKA	TERESA	93,559
ADASHYNSKI	BETH	144,469
ADDAI	MATILDA	97,788
ADDAI	STEPHAN	450,312
ADRIAN	SHANNA	62,869
ADWEDAA	EBENEZER	437,120
AHMODU	OLORUNFEMI	273,886
ALDAG	MARLENE	114,368
ALLSEN	LARRY	184,238
ALTWASSER	DARCY	54,416
AMAN	RALPH	92,930
AMU-DARKO	KOFI	306,197
AMUNDSON	SIBRENA	65,281
AN	JI HOON	101,819
ANDERSON	MARY	93,417
ANDERSON	IRENE	61,416
ANDERSON	AMANDA	56,626
ANDREAS	DAPHNE	115,117
ARMSTRONG	SHANNON	109,332
ARNOLD	CORINNE	93,658
ARWINI	MOHAMAD	537,723
ASHTEKAR	VEEJAY	382,429
BAIN	GORDON	58,107
BALASINGHAM	SIVA	171,876
BALDERSON	CODY	51,380
BANKS	MALCOLM	103,023

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more

BANMAN	LEANNE	78,219
BARKER	BETTY	57,210
BARRETTO	IGNACIO	280,326
BAUCK	DEZIREE	82,044
BAZIN	JILLANE	91,310
BENSON	ALLISON	83,962
BERG	DOROTHY	53,409
BERG	KAREN	52,097
BIDWELL	TELEAH	86,109
BISCHOFF	PAMELA	93,907
BISSONNETTE	DEBORAH	84,450
BITZ	DONNA	62,602
BLAKE	CANDACE	98,392
BLOMME	LISA	50,498
BOHUN	CHRISTOPH	107,702
BOHUN	BRENDA	68,779
BOLAND	JENNIFER	50,213
BOLDING	LAUREEN	51,329
BOLLMAN	JULIE	85,507
BOLTON	ERIN	86,459
BOOTH	DWIGHT	110,151
BORUCH	SHEILA	64,368
BOSSE	CHARLOTTE	51,458
BOURLON	ARMANDE	71,474
BOUTILIER	BRADLEY	86,834
BRAATEN	DAWN	73,848
BRABENDER	BEATRICE	88,549
BRADFORD	DARLENE	57,757

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

BRADFORD	SARAH	52,961
BRADLEY	RHONDA	71,858
BRAUN	KAREN	66,735
BREHM	KAREN	116,945
BREHM	SHANE	61,446
BRIDAL	LINDA	73,486
BRIERE	CLAUDE	66,482
BRIGGS	LEAH	73,737
BROWN	PATRICIA	104,290
BROWN	LANA	97,902
BROWN	LEANNE	70,497
BROWN	LYNETTE	54,853
BROWNE	GRANT	104,841
BRYNGELSON	CHERYL	78,446
BURNETT	WANDA	60,281
BURNETT	CHELSEY	55,495
BURTON	SUSAN	71,511
BURTON	VALERIE	67,853
BUSSE	RHONDA	50,186
BYKER	LEON	84,645
CAISSIE	WENDY	75,092
CALOW	MICHELLE	106,218
CAMERON	KATHERINE	108,311
CAMMER	NOREEN	57,563
CAMPAGNOLO	LEE	63,033
CAPPELLE	LYRIS	87,365
CAREFOOT	JOCELYN	55,009
CARIGNAN	MELISSA	97,044
CARLETON	GLENDIA	74,279

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

CARLETON	FAUNA	51,690
CASHIN	RICHARD	124,603
CEDERHOLM	SUSAN	108,073
CEDERHOLM	JENNIFER	58,036
CHIKOPELA	ROSTINA	102,578
CHISHOLM	JOHN	83,952
CHISHOLM	DONNA	53,828
CHISHOLM	MARGARET	51,779
CLAASSEN	ANDRE	173,105
CLARK	GAIL	53,560
COCHRANE	IDA	65,813
COLE	HEATHER	68,130
COLLIER	KELLY	50,975
CONEYS	DAVID	94,795
COOPER	ASHLEY	78,849
CORBIN	MICHAEL	72,903
COREY	CRYSTAL	54,437
COULTER	TERRY	121,894
COULTER	VALERIE	99,585
CROCKETT	SHARON	50,929
CRONAN	CARLA	76,867
CROZIER	SHELLY	56,622
CUNNINGHAM	GAIL	174,661
CUPPLES	LYNN	51,004
CURRENCE	LOIS	50,437
DAGOHOY	CHRISTIAN	50,135
DAWSON-BRIERE	SHELLEY	108,855
DE KLERK	HEIN	214,849
DEG	ARLENE	61,900

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

DEKOWNY	PATRICIA	68,682
DEMPSEY	CHRISTINE	106,948
DEMPSEY	SHEILA	95,660
DEOBALD	MARLENE	83,479
DERKSEN	KATHY	59,879
DESHAIRES	MARIE	103,045
DESJARDINS	SUSAN	93,974
DIDUCK	DARUSIA	59,442
DRUMMOND	CINDY	110,920
DU TOIT	STEPHAN	189,413
DUECK	BRENDA	77,289
DUECK	BARRY	75,683
DUECK	BONITA	54,738
DUNCAN	TAMMY	103,205
DUNCOMBE	GAIL	93,940
DUNN	GREGORY	136,017
DURANT	MARILYN	77,082
DYCK	CAROL	91,388
DYCK	LORIE	86,542
DYCK	RYAN	74,849
DYCK	SHANTEL	72,517
DYCK	DAWN	65,847
DYCK	LARRY	59,004
DYCK	NANCY	50,789
EBNER	STEPHANIE	56,678
EDDY	CAROL	104,640
EGLAND	JANETTE	52,416
EIDSNESS	RUTH	111,035
ELSASSER	RAYLENE	112,767

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

EMPEY	STACIE	51,873
ENTEM	CATHERINE	64,433
ERDAHL	KRISTY	62,376
EVENSON	BONNIE	63,654
EVENSON	CASSIDY	60,372
EWEN	CLAYTON	59,658
FAKHIR	SHAMSUDDIN	457,875
FANIPOUR	MAJID	246,173
FEHR	HELEN	122,681
FEHR	MARGARET	88,606
FEIL	ROXANNE	53,407
FENSOM	LINDSAY	77,595
FENSOM	BENJAMIN	62,006
FERRER	MARIA JEA	50,169
MINGMING FESCHUK	MELANIE	90,000
FINLAY	LAURIE	78,190
FISHER	CARMEN	54,092
FITZSIMONDS	CAROLE	53,402
FLATERUD	FLORENCE	86,498
FLETCHER	JILLIAN	103,206
FLEURY	BRENDA	109,076
FLEURY	DEAN	100,867
FLYNN	PENNY	68,513
FORBES	LORRAINE	51,606
FORD	ANNE	57,043
FORTMAN	SANDRA	72,346
FOSSUM	EILEEN	76,229
FREDERICK	SHANNON	69,327
FRIESEN	MARGARET	91,900

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

FRIESEN	YVETTE	73,052
FRIESEN	MARLENE	68,668
FRITZ	BONNIE	95,225
FROEHLICH	CINDY	70,072
FROESE	JULIE	59,423
FROYMAN	DEBRA	67,232
FRY	JULIA	58,099
GALBRAITH	SHANNON	78,177
GARIES	JOHN	102,846
GARIES	ELAINE	68,435
GARIES	ASHLEY	60,383
GARRECHT	JEANETTE	57,845
GARRETT	MICHELE	77,529
GATES	GLENDIA	97,954
GATES	JILL	72,879
GATZKE	JASON	221,970
GHORI	AQEEL	80,675
GIESBRECHT	BRADFORD	78,887
GIESBRECHT	ANGELA	75,968
GILLANDERS BELL	TARA	96,225
GINTER	LAURA	82,847
GIRROR	CHELSEA	67,291
GLYDON	ORLA	95,710
GODDARD	SUSANNE	69,034
GOLD	KARLA	89,114
GOLDEN	BARBARA	95,026
GORDON	MARIANNE	83,512
GORDON	TERRI	55,462
GOUDY LODOEN	LAURA	107,459

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

GOVENDER	RAJAN	306,721
GRAHAM	MEAGAN	65,001
GRAND	KAREN	83,104
GRANT	GREGORY	126,288
GRANT	JANELL	92,862
GREEN	STEPHANIE	99,722
GROVES	BRENDA	114,208
GUILLEMETTE	DANIEL	72,953
HAITD	NICOLETTE	86,116
HALDERMAN	PEOTTA	97,618
HALL	TRISHA	73,430
HALVORSON	CINDY	73,388
HAMM	DONNA	103,515
HANNA	SHANNON	71,736
HANNA	MEGHAN	59,900
HANSON	FERN	55,744
HARDER	MYRNA	69,649
HARDY	TRICIA	98,031
HARLE	ROBIN	77,450
HARLICK	SANDRA	91,041
HARRISON	YOLANDA	77,479
HARRISON	SARAH	129,066
HART	SHELLY	84,879
HAUBRICH	YVONNE	89,607
HAWKINS	KRISTIN	89,196
HEINRICHS	LORRAINE	125,708
HEINRICHS	MORAG	112,422
HEISER	BEVERLEY	72,282
HENDERSON	CHANTAL	94,399

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

HENNIG	JENNIFER	94,721
HERMIZ MARKHO	ALEN	77,500
HERTER	MELISSA	76,741
HILDEBRAND	CAROL	85,893
HILTS	ELAINE	73,934
HITTEL	CLARA	75,658
HODGSON	MARYANN	101,407
HOFFARTH	SHARON	57,403
HOLDERBEIN	SHARLENE	98,047
HOLDERBEIN	MARGARET	62,733
HOLMES	PEGGI	108,589
HOLOHAN	ADRIANA	83,976
HOQUE	MOHAMMED	278,826
HORAN	CHERIE	68,078
HORNUNG	SHERRY	135,584
HOUDE	IRENE	57,280
HOVDESTAD	RENEE	113,094
HOWELL	MARY ROSE	67,822
HUNTER	TIMOTHY	85,566
HUNTER	JACQUELIN	59,189
HYATT HIEBERT	RACHEL	87,651
HYNES TAYLOR	BRIGITTE	67,581
IBRAHIM	JANELLE	54,592
ILLERBRUN	GLORIA	197,681
ILLERBRUN	PATRICIA	72,867
INGHAM	BAILEY	86,373
IRVING	JODIE	71,153
JAMES	TERRY LEE	93,539
JANIS	PENNY	50,150

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

JARLIGO REIMER	KENNET	66,532
JOHNSON	KACIE	62,181
JOHNSON	NORMA	60,057
JOHNSTON	JOSEPHINE	68,531
JONES	TRACEY	93,010
JONES	LINDA	56,025
JONES	EMILY	50,289
KALINOWSKI	DAWN	116,320
KANNENBERG	TYLER	96,830
KAPUSTA	MICHAEL	148,591
KAROLAK	MICHAEL	57,240
KASSETT	SURESH	55,994
KEHLER	ROXANNE	93,279
KENNEDY	LINDA	73,126
KERN	ANNETTE	54,419
KESSY	CONNIE	81,726
KHONJE	TED	73,957
KILCHER	NORMA	127,061
KING	ROBERT	65,066
KIRK	MICHELLE	65,545
KLAASSEN	TODD	59,291
KLASSEN	DIANA	63,906
KLASSEN	PAMELA	62,762
KLASSEN	PAMELA	55,022
KLEIN	PATRICIA	70,813
KLIPPENSTINE	KENT	94,759
KNAKOSKE	SUSAN	52,965
KNIPPSCHILD	KAREN	84,458

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more

KNOWLTON-	SHELLY	87,661
BRODZIA		
KNOX	LISA	77,756
KNOX	CATHERINE	75,092
KOELLMEL	HEATHER	96,483
KRAHN	ELAINE	67,229
KRAUSE	MARILYN	93,768
KRUSE	KIM	71,050
LAFONTAINE	ANGELA	86,594
LAIRD	MERCY	94,167
LEIN	CARMEN	51,585
LEMAY	LYNDA	87,814
LENUIK	PHYLLIS	50,550
LESLIE	DONNA	92,865
LEVORSON	DENISE	101,848
LEWANS	CRYSTAL	55,367
L'HEUREUX	JOAN	102,265
LINDER	LOIS	106,193
LINDSAY	BARBARA	80,210
LINES	ALEXIS	61,889
LIS	ROSE	88,334
LIUNGGREN	BERYL	58,202
LONGMORE	DEBRA	88,867
LOUWRENS	PIERRE	199,845
LOVESTONE	SHERRI	62,690
LOWE	RICKY	97,899
LOWE	LINDA	97,133
LUBEGA	BONIFACE	428,510
LUCHENSKI	SHELLY	94,260
LUNDBERG	LYNN	55,954

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

MACEACHERN	MAGGIE	56,648
MACKNAK	KELSEY	69,854
MACLEOD	DAVID	56,775
MACLEOD	JANE	54,904
MACWILLIAM	CORNELIA	124,158
MAINES	LORRAINE	52,337
MALASKY	PATRICIA	53,084
MALLECK	NASEEM	553,533
MARCUS	INES	68,675
MARTENS	MELLISA	89,608
MARTENS	TANYA	75,725
MARTIN	BRYCE	132,512
MASON	TAMMY	95,779
MATTHIES	SCOTT	107,022
MAXNER	AMANDA	73,939
MCARTHUR	KARLA	81,799
MCCONNELL	MIKE	71,696
MCCONNELL	ANDREA	65,341
MCCUAIG	JILL	110,548
MCKAIG	CRYSTAL	113,208
MCLUSKIE	MICHAEL	58,228
MCNABB	CORRINE	71,851
METZ	HEIDI	50,561
MEYER	ERLA	112,595
MEYER	HOLLY	75,441
MIGNEAULT	BRITTANY	53,866
MILANINEZHAD	ALIREZA	80,040
MILLAR	MIKKI	66,854

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

MILLER	SHERRY	110,138
MILLER	BRENDA	60,779
MINKEN	COLLEEN	55,876
MISSON	JANET	112,297
MOAT	MICHELLE	63,492
MOBERG	TERRI	111,850
MOBERG	HEATHER	95,401
MOBERG	SHERRY	63,699
MOEN	ALICE	81,213
MONK	CRYSTAL	105,656
MORCK	EUNICE	78,432
MOSER	LILY ANNE	72,913
MUDINGAY	KABUYA	306,197
MUDRY LAUTSCH	MARILYN	96,223
MULLA	AMITH	146,716
MULLENIX	JOANIE	70,942
MUNROE	ROBIN	106,592
MURCH	FRANCES	92,029
MURDOCH	JENIFER	69,621
MURPHY	BARRY	70,672
MUZYKA	ANGELA	82,552
NAGEL	NANCY	65,509
NAGEL	CHERYL	51,788
NAIDOO	NEELANDRAN	306,197
NAPPER	SHANNON	106,230
NAVICKAS	ARIAN	87,664
NELSON	LISA	86,950
NEUSTAETER	WESLEY	63,497
NEVARD	M FERN	94,135

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

NEWTON	CURTIS	81,095
NEWTON	MICHELLE	63,889
NICHOLSON	SUSAN	57,412
NONGAUZA	Jarrett	434,938
NORDIN	COLLEEN	84,743
NORDWICK	RITA	87,958
NORRISH	KATRINA	92,513
NYSTROM	ANGELINE	51,218
OAKLEY	DARCIE	57,136
O'DONNELL-SCHUET	CRYSTAL	51,202
O'FARRELL	RHONDA	59,858
OJO	ALABA	668,752
OLFERT	CARLEY	89,911
OLFERT	MICHELLE	79,152
OLFERT	CAMILLA	71,081
OLFERT	VICTORIA	60,075
OLMSTED	PATRICIA	91,181
OLSEN	LAURA	54,642
OLSGARD	KATHRYN	52,984
OLSON	ANGELA	92,081
OLSON	KRISTA	77,911
OLSON	LANETTE	51,123
OMAN	LORI	50,493
ORR	REGGIE	103,574
ORTMAN	JOAN	103,376
OSTRander	PHYLLIS	59,079
PALANGI	MONGA-N'DIMO	279,166
PALMIER	DEANNA	126,810
PANKEVICH	ZHANA	66,112

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

PAUL	LEONA	72,543
PAULSON	LORNA	116,754
PAVELY	TAMI	65,825
PEDERSON	VERNA	83,600
PENNER	MARY JEAN	80,329
PENNER	CAROLYN	57,501
PENNER	ROCKY	50,737
PERRIN	GRANT	88,054
PERRIN	CYNTHIA	82,374
PETERS	ELEANOR	101,592
PETERS	EUNICE	84,270
PETERSON	BRANDI	64,739
PETINRIN	ADEWALE	120,772
PHILIP	CYNTHIA	84,924
PHILLIPS	GEORGINA	69,949
PICKERING	THOMAS	112,104
PILKEY	LAURIE	97,245
PINKNEY	CHRISTINE	88,558
PLATT	DONNA MAR	75,384
PLEWIS	LORRIE	70,730
POMPU	THERESA	75,833
POWER	TANYA	93,697
PRITCHARD	LORI	97,690
PRITCHARD	BRANDY	64,372
PROTEAU	MONIQUE	50,600
PURVES	TAMMY	90,829
RACKOW	ELIZABETH	102,166
RACKOW	BARON	78,598
RADEVSKI	IVO	444,285

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

RAHMANI	ROOZBEH	208,610
RANDELL	KATELYN	84,512
RAYMOND	SIGNE	78,664
REAMER	KENDIE	97,643
REAVIE	EVAN	59,598
RECHENMACHER	JANELLE	73,020
REDEKOP	CONSTANCE	50,075
REGIER	TRENTON	156,646
REICH	KARI	58,997
REID	LYNN	68,723
REIMER	BRIAN	52,822
REINBOLT	BARBY	106,172
REINHART	KRISTIN	57,571
REMPEL	MARGARETE	100,373
REMPEL	MAUREEN	90,277
RENWICK	MARY	90,529
RESLER	ASHLEY	67,806
RICE	JOANNE	83,529
RICHARDSON	CHRISTINA	93,227
ROCHE	RACQUEL	102,819
ROUSE	DONNA	70,074
RUDD	KENNETH	144,496
RUETZ	CATHERINE	89,774
RUSCHKOWSKI	JOY	57,682
SABRI	ALI	597,333
SAGADAHL	ANITA	137,184
SANDERSON	MANDIE	77,088
SATHER	CASSIDY	60,493
SAUFERT	SHEENA	60,092

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

SAVOY	EFFIE	181,698
SCHAFER	DELVINA	51,871
SCHELLENBERG	VIVIAN	80,891
SCHERGER	KATHY	93,161
SCHICK MYHR	NATJA	50,515
SCHINDEL	BEVERLEY	82,309
SCHMIDT	ROWLAND	107,641
SCHNEIDER	SHELLEY	83,055
SCHNEIDER	DEBRA	81,945
SCHULTZ	ABBY	102,051
SCHULTZ	CARRIANNE	62,157
SCHULTZ	JANET	51,433
SCHWAN	BRENDA	219,713
SCHWAN	JEFFREY	122,503
SCHWARTZ	ASHLEY	98,401
SCOTT	CAROL	69,972
SCOTT	LALIA	59,130
SCOTT	LYDA	55,334
SEABORG	DEBBIE	98,123
SEAMANS	ELIZABETH	76,565
SEDGWICK	NOELLE	61,516
SEKERAK	DEBRA	82,652
SELENSKI	DONNA	63,735
SERWADDA	ROSEMARY	151,975
SHAH	SYED MUNIR	99,181
SHAW	BONNIE	89,034
SHOTTER	MICHAEL	118,919
SHUFLETOSKI	CEANNA	79,599
SIGURDSON	ESTHER	116,252

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

SILVEIRA	SERGIO	96,605
SIMMONS	MEGAN	64,424
SIMPSON	ERIN	64,155
SINGH	LORETTA	83,649
SKELTON	MARG	87,510
SLATER	CHANEL	70,974
SLETTEN	DEANNA	81,040
SLUSAR	NELSON	53,925
SMART	MAXINE	89,009
SMITH	TIANNA	70,503
SMOUT	ALICE	93,894
SMUK	GREGORY	93,340
SMUK	CONNIE	87,181
SNOW	BRITTANY	66,880
SONEN	CYNTHIA	71,751
SOOS	ERIN	92,684
STEARNs	LINDA	55,028
STEENBERG	LOURENS	123,601
STEENCAMP	JACOBUS	94,863
STEIER	ANGELIQUE	53,383
STEVENS	AMANDA	67,118
STEVENSON	DANIEL	98,366
STEVENSON	JILL	83,608
STEWART	RAELENE	80,581
STOCK	TRACY	51,159
STOLSON	SUSAN	87,404
STOLSON	VALERIE	58,699
STRICKER	ROSALYN	69,117
STRINGER	SUZANNE	125,742

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

STUART	TARRA	95,227
SWANSON	KIMBERLY	108,774
SWICA	LESZACK	428,887
TALAGA	D LORES	81,865
TARDIF	MARY	75,587
TAYLOR	BRENDA	95,196
TEMPESTA	ANDREW	59,232
THERRIEN	JANICE	98,475
THERRIEN	JOANNE	55,117
THOMAS	LEANNE	129,562
THOMPSON	KELLY	90,365
THORING	BRITTANY	56,970
TONEY	CATHY	54,768
TORR MEDICAL P.C. INC.	DAVID	158,984
TOURIGNY	KRISTA	103,538
TRAUTWEIN	JOYCE	82,141
TREEN	JACQUALIN	84,191
TUCHSCHERER	STEPHANIE	67,349
TUMBACH	JANNA	145,173
TURNER	ASH	66,655
TURTON	KAREN	60,544
UDAL	SUZANNE	53,079
UNGER	DEBORAH	50,654
VACHON	ELISABETH	286,715
VALLEE	SUSAN	97,386
VAN DER BERG	NICOLAAS	179,229
VAN LEUKEN	SASHA	68,234
VANCE	NICOLE	91,275
VANDERSTEEN	ALINE	50,988

Personal Services

Listed are individuals who received salaries, wages & other (Refer to Page 89 for details on what is included in the amounts below) which total \$50,000 or more.

VANSTONE	JACQUELIN	115,967
VASQUEZ	VB MEDICAL	54,530
VENKATA	PRASAD	176,403
WAGNER	NARASIMHA	
WALL	WENDY	52,107
WALLISER	JOAN	56,637
WARDER	LINDA	67,061
WASKO	BRENDA	90,957
WATSON	KEVIN	166,348
WATTS	PATRICIA	71,346
WATTS	LEANNE	73,792
WEBER	MOLLY	66,743
WEBER	KEN	76,944
WEBER	RHODA	73,571
WEEDON	JILLIAN	81,448
WELLS	CAROL	128,012
WELLS	KRISTEN	67,604
WELLS	CASSANDRA	65,054
WELLSCH	JULIE	69,193
WELSH	LAURA	77,980
WELWOOD	RAYNA	90,380
WENGER	LAURA	67,204
WENZEL	COLETTE	97,660
WENZEL	COLLEEN	52,990
WEPPLER	BRENDA	106,679
WEPPLER	STACEY	65,831
WHARTON	TERRY	179,372
WHITE	LAURA	106,247
WHITE	JUDY	58,257
WIEBE	MARION	94,232

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Personal Services

Listed are individuals who received salaries, wages & other
(Refer to Page 89 for details on what is included in the
amounts below) which total \$50,000 or more.

WIEBE	GLENDAA	73,644
WIEBE	SHARI	73,500
WIEBE	TRACY	55,072
WIELER	MEGAN	93,747
WIENS	KAREN	96,222
WIG	LAURIE	87,722
WILLMAN JOHNSTON	RHONDA	93,473
WILLS	SHIRLEY	53,309
WILMS	ILA	81,080
WILSON	WENDY	122,360
WILSON	PATRICIA	73,788
WILSON	BRITTANY	72,484
WILSON	LORELEI	66,668
WINQUIST BANG	BRANDACE	74,010
WINSOR	WILLIAM	70,017
WOELK	VALERIE	102,816
WOELK	FLORENCE	62,927
WONG	AUDRA	60,208
WOODS	MARYANN	101,148
WOODS	LAVONNE	95,186
WOTHERSPOON	DONNA	93,086
WOTHERSPOON	KRISTEN	58,138
WRIGHT	PATRICIA	93,847
YAN	WILSON	55,306
YATES	KELLIE AN	57,583
YATES	MORGAN	52,080
YOUNG	SHERRY	79,730
ZACHARIAS	BRANDI	66,173
ZACHARIAS	CAROLYN	65,556

Personal Services

Listed are individuals who received salaries, wages & other
(Refer to Page 89 for details on what is included in the
amounts below) which total \$50,000 or more.

ZILLMAN	KALA	56,762
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**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 89 for details on what is included in the amounts below).

3S HEALTH	413,561
ABBOTT LABORATORIES	56,094
ALCON CANADA INC.	489,689
BARD CANADA INC.	63,768
BAXTER CORPORATION	97,363
BECKMAN COULTER	188,776
BIOMED RECOVERY &	
DISPOSAL LTD	90,488
BIO-RAD LABORATORIES	64,779
CARDINAL HEALTH CANADA	662,272
CHARIS MEDICAL	86,363
CHERRY INSURANCE INC.	258,826
CHINOOK REFRIGERATION	99,692
CITY OF SWIFT CURRENT	348,819
CONCENTRA FINANCIAL	53,322
COUNTRY CLUB	
DISTRIBUTORS	287,964
COVIEN SURGICAL	321,654
CPDN/LYNDEN LOGISTICS	265,292
CUMMINS WESTERN	
CANADA	59,573
DELL CANADA INC.	140,468
DELTA AGGREGATES	58,703
DR NOBLE IRWIN	
FOUNDATION	72,550
DYNALIFE DX	892,433
ECOLAB LTD	105,162
EHEALTH SASKATCHEWAN	196,538
FLAME TECH SERVICES	
INC.	124,391
G.E. HEALTHCARE CANADA	2,085,462
GRAHAM CONSTRUCTION &	
ENGINEERING	18,869,725
GRAND & TOY LTD.	144,380
GREAT WEST LIFE - GL	569,998
HBI OFFICE PLUS INC.	66,826
HEALTHCARE INSURANCE	
RECIPROCAL OF CANADA	142,673
HEALTHMETRX CANADA	
INC.	50,358
HILL-ROM CANADA LTD.	154,853
HOSPIRA HEALTHCARE	
CORP	372,696
HSAS	101,466
IMPORTED BRANDS OF	
CANADA	67,331
INSIGHT CANADA	54,427
INSTRUMENTATION	
LABORATORY	94,043
INTEGRATED DESIGNS INC	51,949

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 89 for details on what is included in the amounts below).

JOHNSON & JOHNSON	
CLINICAL	476,990
KARL STORZ ENDOSCOPY	
CANADA	54,998
LONDON LIFE INSURANCE	
COMPANY	111,770
MACPHERSON, LESLIE &	
TYERMAN	188,607
MAQUET-DYNAMED INC.	196,908
MARSH CANADA LTD	152,493
MASTERCARD	199,634
MCKESSON CANADA	294,294
MCKESSON DISTRIBUTION	
PARTNERS	252,333
MELHOFF ELECTRIC (77)	
LTD.	59,376
MINISTER OF FINANCE	97,552
MINISTRY OF CENTRAL	
SERVICES	716,348
OFFICE OUTFITTERS	61,112
OLYMPUS CANADA INC.	120,038
PHILIPS HEALTHCARE	329,912
PHYSIO CONTROL	106,423
PIONEER CO-OP	100,189
PPSTN	79,356
PUBLIC EMPLOYEE	
PENSION PLAN	199,262
RADIOLOGY ASSOCIATES	
OF REGINA	249,522
RBM ARCHITECTURE	206,850
RECEIVER GENERAL	22,271,036
REGINA QU'APPELLE	
HEALTH REGION	1,084,928
REGINA QU'APPELLE-EMS	113,400
ROCHE DIAGNOSTICS	55,777
SAHO	105,076
SAHO - DENTAL	823,947
SAHO - DIP	1,591,393
SAHO - ENHANCED HEALTH	
PLAN	1,736,678
SAPUTO	150,557
SASK ENERGY	532,955
SASK POWER	868,458
SASKATOON HEALTH	
REGION	63,961
SASKTEL CMR	479,083
SASKWORKS VENTURE	
FUND INC.	60,137
SCHAAN HEALTHCARE	
PRODUCTS	939,702

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 89 for details on what is included in the amounts below).

SEIU	672,832
SELECT MEDICAL CONNECTIONS LTD.	262,356
SERVICE MASTER OF SWIFT CURRENT	104,494
SHEPP	10,308,527
SIEMENS CANADA DX	95,279
SILVERLINE CONSTRUCTION	51,719
SRNA	130,011
STANTEC ARCHITECTURE LTD.	414,775
STERIS CANADA LTD.	190,652
STEVENS COMPANY LTD.	154,980
STUART OLSON DOMINION CONSTRUCTION LTD	118,812
SUN	364,963
SUPREME BASICS	65,653
SWIFT PLUMBING & HEATING	73,352
SYSCO FOOD SERVICES-WEST INC	1,456,243
TREEN PACKERS LTD	58,560
TRIKOOT REAL ESTATE SERVICES	71,180
UNIVERSITY OF SASKATCHEWAN	156,487
VITALAIRE // GASES	53,726
WALKER PLACE	73,853
WALLACE CONSTRUCTION	78,706
WASTE MANAGEMENT	86,619
WOOD WYANT CANADA INC	200,049
ZW PROJECT MANAGEMENT INC.	318,567

**CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2014**

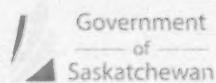
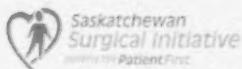
Transfers

Listed, by program, are transfers to recipients who received \$50,000 or more (Refer to Page 89 for details on what is included in the amounts below).

CANADIAN MENTAL HEALTH	140,857
FOYER ST. JOSEPH	
NURSING HOME	1,831,208
FRONTIER AMBULANCE	205,186
GULL LAKE AMBULANCE	213,321
MCKERRACHER SERVICES	134,944
PONTEIX AMBULANCE	255,183
SWIFT CURRENT AMBULANCE	
VAL MARIE AMBULANCE	1,050,823
	148,717

Saskatchewan Ministry of Health Information:

Surgical Initiative Program:



Saskatchewan continued to make progress in year four of its plan to transform surgical care for patients.

The *Saskatchewan Surgical Initiative* strived to improve surgical patients' care experience and ensure that by 2014, all patients have the option of receiving their surgery within three months. In the Cypress Health Region, this goal has been achieved.

<http://www.sasksurgery.ca>

<http://www.sasksurgery.ca/pdf/sksi-year4-report.pdf>

Lean – Saskatchewan Healthcare Management System:

Lean is a patient-first approach that puts the needs and values of the patient and families at the forefront and uses proven methods to continuously improve the health system. Saskatchewan is the first province in Canada to apply Lean across the entire healthcare system, putting patients and families first by focusing on better health, better care, better value, and better teams.

The Ministry of Health has developed a webpage specifically for information on Lean:

<http://www.health.gov.sk.ca/lean>

For complete information on Lean in the Cypress Health Region please visit:

www.cypresshealth.ca/lean

Patient First Review:



In November 2008, then-Health Minister Don McMorris announced the launch of the *Patient First Review*, under the leadership of long-time health administrator Tony Dagnone, Commissioner of the Review.

The review has shaped the course of improvements to the provincial health system. Links to the report's findings include:

For Patients' Sake – Commissioners Recommendations:

<http://www.health.gov.sk.ca/Default.aspx?DN=79bf4a96-ff32-486d-b4ab-c0d2d4d42922>

The Need for Transformation in Health Care Administration (by Deloitte):

<http://www.health.gov.sk.ca/Default.aspx?DN=c4733b11-57a3-4633-aa7a-c5851389e100>

The Need for More Effective Patient- and Family-Centred Care (by KPMG):

<http://www.health.gov.sk.ca/Default.aspx?DN=435c79e0-67cf-47ff-a8e0-b5149de16db8>

Saskatchewan Covered Population Report:

The *Saskatchewan Covered Population Report* is published annually by Saskatchewan Health and is a count of all persons who held Saskatchewan health coverage on June 30th of that specific year. The Covered Population is not a census since it only counts persons who are registered for provincial health coverage and not every person who may have been a resident in Saskatchewan on June 30th.

<http://www.health.gov.sk.ca/population-stats>

Strategic Priorities:

The provincial government's *Ministry of Health Plan for 2013-14* outlines Saskatchewan's plan for the health system. The report includes outcomes, improvement targets, and actions for the 2013/14 fiscal year, as well as various data offerings such as 'number of patients waiting longer than three months for surgery'.

The report is available for public access and can be found at <http://www.health.gov.sk.ca/plan>.

Primary Health Care

Primary Health Care is the day-to-day care needed to protect, maintain, and restore our health. PHC accounts for up to 80% of encounters with the health system. A Framework Report, recent news in the development of Primary Health Care services, and additional background information is available on the Saskatchewan Ministry of Health website's Primary Health Care section.
<http://www.health.gov.sk.ca/primary-health-care>.

Cypress Health Region Information:



Cypress Health Employee Staffing Strategies (CHESS):

The Ministry of Health has set new targets for the Cypress Health Region to reduce costs for overtime, sick time, and workers compensation. CHESS is the acronym of a series of strategies initially implemented in 2010 by Cypress Health in response to these targets. The energetic approach to CHESS has continued to aid the Cypress Health Region in enhancing workplace excellence and identifying opportunities, challenges, and solutions to achieve our targets.

Details on the CHESS strategies can be found at: <http://www.cypresshealth.ca/page.php?id=245>

The Source: The logo for 'the source' consists of the word 'the source' in a bold, lowercase, sans-serif font. A small graphic of a heart or pulse line is positioned to the right of the text.

The Cypress Health Region publishes a quarterly publication, *The Source*, to households and residents throughout southwest Saskatchewan. This publication is filled with health information, programs, and events offered throughout the Cypress Health Region.

Electronic versions of *The Source* can be found at: <http://www.cypresshealth.ca/page.php?id=107>

Population Health Report, 2011:

In 2011 the Cypress Health Region released its *Population Health Report*. The report brings the region more up to date with where the health of its population lies, and what health priorities need to be focused on. This health status report highlights some of the major health issues in the region, mostly over the period between 2005 and 2009 as this is the data that was currently available.

An electronic version of the complete *Population Health Report, 2011* is available at:
<http://www.cypresshealth.ca/page.php?id=105>

Oral Health Status Report:

The *Oral Health Status Report* shows some of the oral health challenges that the Cypress Health Region faces. Furthermore the report illustrates disparities between the different populations within the region.

An electronic version of the complete *Oral Health Status Report* is available at:
<http://www.cypresshealth.ca/page.php?id=173>

Pursuing Excellence Awards:

In 2013 the Cypress Health Region received three prestigious *Pursuing Excellence Awards* at the Inspire Health Care Quality Summit. Awards were won for *Client Navigator and Mobile Health Services* in the 'Better Teams' category and *Dr. Shamsuddin Fakhir* won an Improvement Champion award for his role in establishing the Growing Health Families clinic.

For complete details on the *Pursuing Excellence Awards* please visit
www.qualitysummit.ca/awards.htm.

Community Planning Reports:

Community Planning Reports have been developed for the communities of Ponteix and Cabri through the Community Planning Process through Primary Health Care. The reports include health needs of each area, prioritized health needs, and community engagement measures on how to address the identified priorities.

Electronic versions of the completed Community Planning Reports for each community are available at: <http://www.cypresshealth.ca/page.php?id=105>

Long Term Care Experience Report, 2013:

The *Cypress Health Region Long Term Care Experience Survey* describes how we are doing, from the observations of the family of Long Term Care (LTC) residents, on various aspects of care. Results are presented for all of the LTC facilities in the Cypress Health Region according to chapters representing the themes in the survey.

An electronic version of the complete *Long Term Care Experience Report, 2013* is available at:
<http://www.cypresshealth.ca/page.php?id=105>

Cypress Regional Hospital Patient Services Directory:

The Cypress Health Region has developed a *Patient Services Directory* for its Regional Hospital. The directory highlights the programs and services that are available in the facility and are offered to each inpatient upon registration. Additionally, display racks are strategically placed throughout the facility for public consumption.

An electronic version of the complete *Patient Services Directory* is available at:
<http://www.cypresshealth.ca/page.php?id=125>

Building Excellence in Rural Health

The Cypress Health Region created a section of its website specific to capital projects. This section, known as *Building Excellence in Rural Health*, can be viewed at the following web url:

<http://www.cypresshealth.ca/page.php?id=199>



A special construction camera has also been established to document the construction of the Southwest Integrated Healthcare Facility in Maple Creek. To view current construction progress, please visit www.cypresshealth.ca/sihf.

Facility Asbestos Registry

The Cypress Regional Health Authority has taken action to ensure that asbestos containing material is contained and is not a risk to the workers and public. Assessments have been completed on all patient care facilities and complete details are available on the Cypress Health Region's website at the following link: <http://www.cypresshealth.ca/page.php?id=242>.

Saskatchewan Health Quality Council Information:



Hoshin Kanri:

Hoshin Kanri is an approach to planning that involves identifying a common vision, setting short- and long-term goals, tracking progress towards these goals, and changing course as required. Saskatchewan is using Hoshin Kanri to plan and deliver health care in a more coordinated way. HQC is playing a key role in the Hoshin Kanri process in Saskatchewan.

To read more about the involvement of HQC in Hoshin Kanri please visit <http://hqc.sk.ca/improve-health-care-quality/hoshin-kanri/>. For complete details on Hoshin Kanri in the Cypress Health Region please visit www.cypresshealth.ca/hoshinkanri.

Quality Insight:

QUALITY INSIGHT Measuring. Learning. Improving.

Quality Insight is a source of information on the quality of health care in Saskatchewan. While it is primarily designed for health care providers, managers, and leaders to support their work in making our system better and safer for Saskatchewan residents, it also provides the public with access to information about how our health system is performing.

The Cypress Health Region has been a provincial leader in making its data available to the general public through *Quality Insight*.

<http://www.qualityinsight.ca>

Better:

Better

better health • better care • better value • better teams

Better shares the story of how Lean is making health care better and safer in Saskatchewan. It is a blog-based website that includes Lean news, Qreview, Media Buzz, and multimedia.

<http://blog.hqc.sk.ca>


CYPRESS HEALTH REGION

REGIONAL OFFICE - 429 - 4TH Avenue NE, Swift Current, SK S9H 2J9 Telephone: (306) 778-5100 or Toll Free - 1-888-461-7443

Fax: (306) 773-9513 Email: info@cypressrha.ca Website: www.cypresshealth.ca

Please refer to our website for a complete phone listing.

The 306 area code must precede all phone numbers listed below unless otherwise specified.

AMBULANCE SERVICES

EMERGENCIES DIAL 9-1-1



COMMUNITY HEALTH SERVICES

ALL SERVICES

Swift Current	778-5280
Rural Areas	1-866-786-2510

ADDICTION SERVICES

Swift Current	778-5280
Maple Creek	662-5340

MENTAL HEALTH

Leader	628-3166
Maple Creek	662-5339
Shaunavon	297-2644
Swift Current	778-5280
(After Hours)	778-9522

PUBLIC HEALTH

Gull Lake	778-5184
Herbert	778-5287
Leader	628-3160
Maple Creek	662-4112
Ponteix	778-5433
Shaunavon	297-2644
Swift Current	778-5280
Public Health Inspections	778-5280
Rural Areas	1-866-786-2510

COMMUNITY HEALTH SERVICES

Border Health Centre (Climax)	293-2222
Eastend Wolf Willow Health Centre	295-3534
Primary Health Care (PHC) Site	295-4184
Gull Lake Health Centre	672-4700
Hodgeville Health Centre (PHC Site)	677-2292
Ponteix Health Centre	625-3382
Prairie Health Care Centre (Cabri)	587-2623
Prairie View Health Centre (Mankota)	478-2200
Vanguard Health Centre (PHC Site)	582-2044

HOME CARE SERVICES

Cabri	587-2921
Climax	293-2241
Eastend	295-3834
Gull Lake	672-4707
Herbert	784-2466
Hodgeville	677-2292
Leader	628-3166
Mankota	478-2339
Maple Creek	662-5333

Ponteix..... 625-5103

Shaunavon..... 297-1989

Swift Current..... 778-9531

Vanguard..... 582-2044

HOSPITALS

Herbert & District Integrated Health Facility	784-2466
Leader Hospital	628-3845
Maple Creek Hospital	662-2611
Shaunavon Hospital & Care Centre	297-2644
Cypress Regional Hospital	778-9400
Day Surgery	778-9419
Diagnostic Imaging	778-9457
Emergency	778-9412
Health Records	778-9440
ICU	778-9413
Laboratory	778-9563
Medical/Surgical Floor	778-9400
Mental Health Unit	778-9522
Pre-Surgical Screening	778-9530
Social Work	778-9484
Therapy Services	778-9449
Women & Children Health Services	778-9418

LONG TERM CARE

Cypress Lodge (Maple Creek)	662-2671
Eastend Wolf Willow Health Centre	295-3534
Foyer St. Joseph Nursing Home (Ponteix)	625-3366
Gull Lake Special Care Home	672-4701
Herbert & District Integrated Health Facility	784-2466
Palliser Regional Care Centre (Swift Current)	778-5160
Prairie Health Care Centre (Cabri)	587-2623
Prairie Pioneer Lodge (Swift Current)	778-5192
Prairie View Health Centre (Mankota)	478-2200
Shaunavon Hospital & Care Centre	297-1980
Swift Current Care Centre	773-9371
Western Senior Citizens Home (Leader)	628-3565

SOUTHWEST TRAUMATIC EVENTS RESPONSE TEAM (TERT)

..... 778-5280

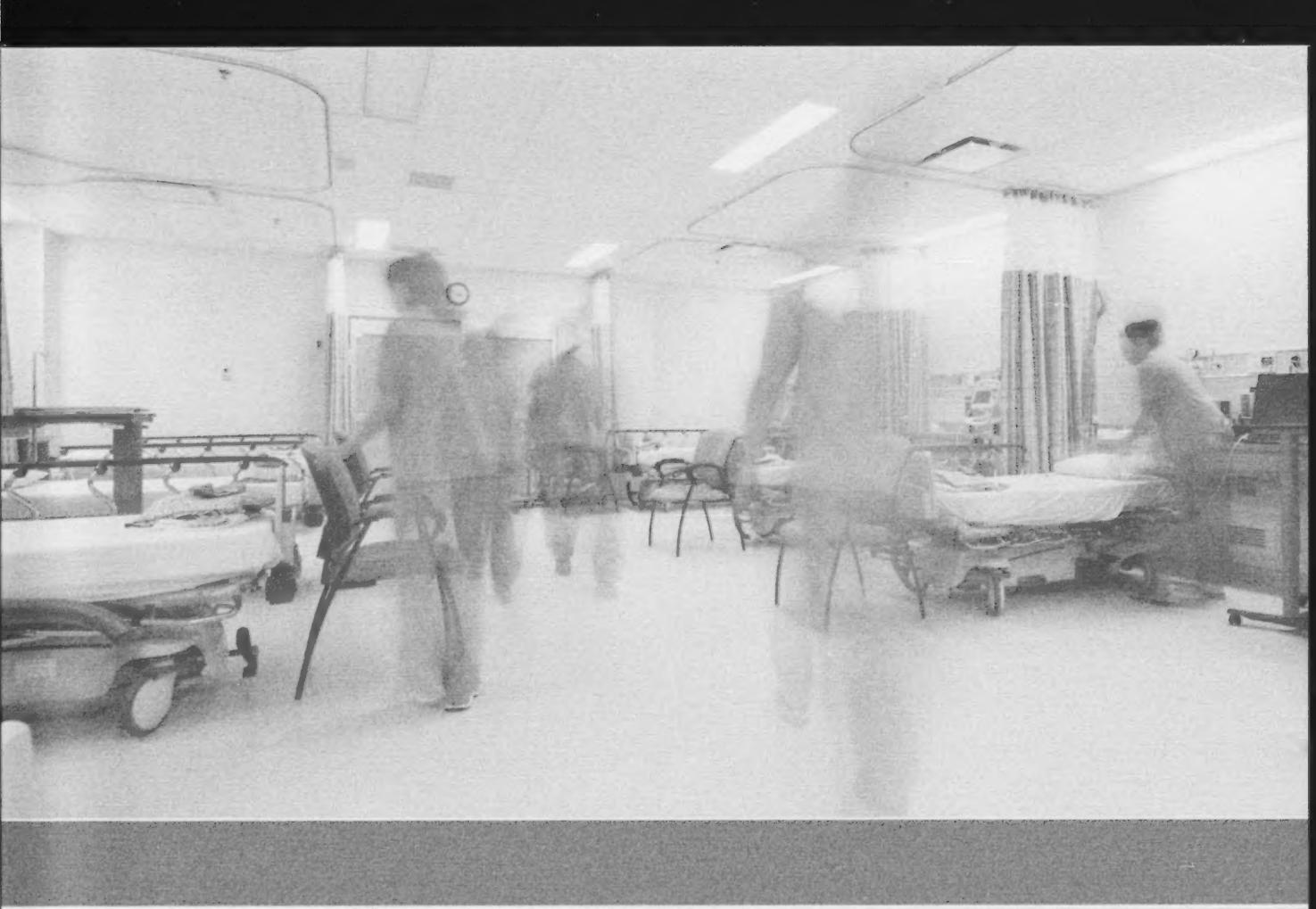
(After Hours)

CONCERNs, COMPLIMENTS, COMMENTS

778-5115 or 1-888-461-7443

Email: comments@cypressrha.ca

Temporary Disruptions: 1-888-461-7443



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